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## House of Representatives

The House met at noon and was called to order by the Speaker pro tempore (Mr. DAVIDSON).

### DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,  
June 12, 2018.

I hereby appoint the Honorable WARREN DAVIDSON to act as Speaker pro tempore on this day.

PAUL D. RYAN,  
*Speaker of the House of Representatives.*

### MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 8, 2018, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties. All time shall be equally allocated between the parties, and in no event shall debate continue beyond 1:50 p.m. Each Member, other than the majority and minority leaders and the minority whip, shall be limited to 5 minutes.

### PROTECTING COVERAGE FOR PREEXISTING CONDITIONS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Connecticut (Mr. COURTNEY) for 5 minutes.

Mr. COURTNEY. Mr. Speaker, last Thursday, June 7, the Attorney General of the United States, Jeff Sessions, announced that: "After careful consideration and with the approval of the President of the United States," his lawyers joined the State of Texas in Federal Court in a lawsuit to strike down standing provisions of the Afford-

able Care Act that protect patients from being denied health insurance coverage because of preexisting medical conditions.

This stunning announcement was made despite the fact that Congress has not, and I repeat, has not repealed this part of the law, which is right here, page 1 of the Affordable Care Act, and despite the fact that President Trump and the Republican leaders have repeatedly promised to leave this section of the law alone.

The President, in his 2017 State of the Union said: "First, we must ensure that Americans with preexisting conditions have access to coverage."

Speaker RYAN: "We are on a mission to make sure that everyone has access to affordable healthcare, especially those with preexisting conditions."

The Representative who is the chairman of the Energy and Commerce Committee that writes healthcare laws stated: "We've talked about the protection for those with preexisting illnesses for the last year, and we're not going to budge either."

Thursday's announcement by President Trump's Attorney General to attack preexisting condition protections as unconstitutional, and the deafening silence over the last 5 days in the wake of that announcement from GOP leaders in the House, shows that all those heartfelt comments and words were nothing more than crocodile tears.

From day one, the push to repeal the Affordable Care Act with no meaningful replacement, and last week's latest attack, shows this President and his political allies in Congress just plain don't care about the millions of Americans who struggle with medical conditions that they have no control over.

Mr. Speaker, this issue is not just a Washington, D.C., political squabble. It is not just a courtroom battle between lawyers. It goes to the heart of whether we, as a Nation, will join the rest of the developed world to treat all Ameri-

cans for disease, accidents, and chronic illness in a fair and just manner.

Here are the facts. According to the Department of Health and Human Services, up to 133 million Americans have conditions that insurance companies, using the old rules of medical underwriting, defined as preexisting conditions, conditions like diabetes; cancer; high blood pressure, which I have; epilepsy; MS; Parkinson's; stroke, to name just a few. Again, this is the list that insurance companies use to screen people for whether or not they would actually deny them coverage at all, no matter how big a subsidy or no matter how much money you had to pay.

Last year, during the debate on repeal, I heard from constituents in my district who benefited from the Affordable Care Act protections, like Michelle from Killingworth who said: "Before the ACA, I tried to buy affordable health coverage, but I was turned down by major insurance companies due to preexisting conditions."

Patricia from Old Saybrook: My adult daughter has a chronic disease that costs over \$10,000 every 6 weeks to treat. Our insurance is a godsend.

Richard from Killingworth, a 63-year-old former educator who sustained TBI in an accident and was treated for prostate cancer: "Thankfully, due to the Affordable Care Act, I have been able to access healthcare that I need."

Michele from Preston, she and her husband rely on ACA coverage.

This decision by the Attorney General last Thursday cannot and must not stand, and the voters in November will remember if this body does not act to protect people, their health coverage, for preexisting conditions.

### SINGAPORE POWWOW

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. POE) for 5 minutes.

Mr. POE of Texas. Mr. Speaker, ending the nuclear threat in North Korea

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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is within our reach. The maximum-pressure campaign has demonstrated some clear successes in pushing North Korea to the negotiating table and pausing its nuclear and missile tests. This is serious progress, and if we maintain our focus on disarming Kim Jong-un, we can end this horrific danger.

President Trump made history as the first United States President to meet with the leader of North Korea. I applaud President Trump for prioritizing the North Korean challenge, which has major global implications beyond just our own security.

The Singapore Summit is the first step toward the complete denuclearization of the North Korean peninsula. North Korea has pledged their commitment to work toward this agreement.

President Trump also reached an agreement to complete the recovery of United States' Korean war dead in the Korean Peninsula. This is, without a doubt, historic progress.

I urge the White House to stand firm on "complete, verifiable, and irreversible" disarmament of North Korea.

While this progress is promising, we must proceed with caution. This is not the first time the United States has attempted negotiations with this tyrannical state.

In the aftermath of these preliminary negotiations, many questions do remain.

Will China and Russia hold firm on their commitments of applying sanctions to North Korea? China and Russia have continuously undermined our efforts against a range of global bad actors.

Will a traditional nuclear deterrence work with North Korea? If North Korea is able to produce nuclear weapons and use them to hold the world hostage and blackmail its neighbors, the world will become less safe.

North Korea has played the United States for decades. Those days are over. President Trump has made this clear to Kim Jong-un.

We cannot afford the same mistakes that were made with the Iranian nuclear deal to provide relief to a regime that would spread terror and chaos with whatever money is earned from sanctions relief. No more billions of American dollars secretly given to a rogue regime in the darkness of night on an isolated airstrip, like our Government did with Iran.

We all want to disarm this evil regime, but giving concessions for the sake of ending the nuclear threat carries its own risk and moral dilemmas. Ensuring that Kim is able to hold on to power and continue to enslave his people presents massive problems.

It seems to me that Kim's goal is to remain in power. He does not want the same fate as Muammar Qadhafi.

There are other issues that need to be resolved. The regime still possesses a massive chemical, biological, and conventional arsenal that is capable of

mass murder and destruction. The regime still desires to reunify the Korean Peninsula under its rule. The regime still provides weapons technology to other bad actors like Iran and Syria. The regime is still the number one abuser of human rights in the world.

Whatever outcome is achieved in further negotiations, we must not forget who we are dealing with. The Kim dynasty is historically a brutal regime that remains a state sponsor of terror. We made the mistake of removing this label, believing North Korea negotiated in good faith. As we learned, they lied.

Any agreements must have the most stringent verification safeguards. We must preserve the presence of United States forces in South Korea and the South China Sea. International inspectors should have access to all sites in North Korea, no side deals, no holds barred.

Any indication of weakness by us or our allies will embolden the regime. Complacency has always been our enemies' best friend. Expectations for future talks must remain realistic and vigilance sustained. We still face many challenges ahead.

North Korea must know they have no option but to change its ways. If we uphold our commitment to a peaceful and free world in steadfast alliance with our allies, we will overcome whatever challenge North Korea throws at the world.

The "Singapore Powwow" is the beginning of a realization for North Korea that they must denuclearize and move forward as a peaceful nation.

I urge the President to be strong, be strong, of good courage, and bold in dealing with Kim. We are on a path toward an unprecedented agreement, and the United States must not waver in our demand of complete, verifiable, and irreversible denuclearization by North Korea.

And that is just the way it is.

#### THE DEVASTATING NATIONAL EPIDEMIC

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. SCHNEIDER) for 5 minutes.

Mr. SCHNEIDER. Mr. Speaker, every day, day in and day out, more than 115 Americans die from overdosing on opioids. We are in the midst of a devastating national epidemic that does not discriminate by geography, age, income, education, or race.

I have heard from families who have lost loved ones to this epidemic. I have talked to the first responders who are on the front lines. I have talked to the doctors who treat the patients and the victims of this disease. I have talked to community leaders about the impact this epidemic is having in their communities, in our States, and across our Nation.

So today, I rise encouraged that this House, this week, is finally poised to take action to address the addiction and abuse hurting so many of our com-

munities. This week, we will vote on several bills that, among other things, seek to provide communities with needed resources to fight the epidemic, crack down on dangerous synthetics coming into our Nation, and improve care available to our veterans.

Among these, I am pleased that the House is voting on two specific measures I have cosponsored.

The Comprehensive Opioid Recovery Centers Act would create centers pairing treatment and recovery services together with community engagement.

The Preventing Overdoses While in Emergency Rooms, or the POWER Act, would increase the coordinated care options available for patients who have survived an overdose. These people, in particular, need more than just naloxone. They need extended treatment and support to overcome their addiction.

This epidemic is a crisis. We, as a country, as a body, need to act. I urge my colleagues to support these measures as we work to turn the tide, and I hope that we can continue to build on the bipartisan progress we are making in the days ahead.

#### RECOGNIZING THE SERVICE OF DR. SAM SHULTZ

The SPEAKER pro tempore. The Chair recognizes the gentleman from Arkansas (Mr. HILL) for 5 minutes.

Mr. HILL. Mr. Speaker, I rise today to recognize Dr. Sam Shultz for his 40 years of service to Arkansas children at the Arkansas Children's Hospital in Little Rock. As a former member of the Children's Hospital Board of Directors, it is a special pleasure for me to recognize Dr. Shultz for his recognition as a champion for Arkansas children.

He mentored and taught many of our pediatricians who are currently practicing in Arkansas. Throughout his career, Dr. Shultz worked with the Arkansas State Department of Health and the Department of Pediatrics to hold clinics in rural areas of our State. These clinics were primarily for children with health complications whose families had trouble traveling to Little Rock.

He also assisted in writing various Arkansas public health regulations, such as checking newborns for thyroid conditions and also increasing the number of nurses in our schools.

After decades of service to our Nation's youth, Dr. Shultz retired earlier this year. My congratulations on an incredible career, and best wishes for his future pursuits.

#### RECOGNIZING THE SERVICE OF MR. TOM FOTI

Mr. HILL. Mr. Speaker, I rise today to recognize the life of a man who has had an indelible impact on conservation and preservation throughout Arkansas, Mr. Tom Foti. Tom is retiring at the end of this month, after serving as the Arkansas National Heritage Commission's senior ecologist for over 2 decades.

Tom dedicated his life to answering the call to serve the outdoors. From

publishing “The Natural Divisions of Arkansas” to giving numerous educational programs for schools and the general public, he lived his life to serve our Natural State.

In 1976, he became the director of Arkansas Ecology Center, the organization he had volunteered for as a youth.

Tom’s service to the State of Arkansas and to the environmental conservation area will never be forgotten, and I join all Arkansans in congratulating my friend Tom on a remarkable career and a well-deserved retirement.

MOUNT VERNON-ENOLA HIGH SCHOOL  
CYBERSECURITY TEAM

Mr. HILL. Mr. Speaker, I rise today to recognize the Mount Vernon-Enola High School cybersecurity team for their second place win in the Air Force Association’s National Youth Cyber Defense Competition.

I would also like to personally recognize Catherine Holland, who is the STEM teacher, and introduced the program to the school.

□ 1215

The CyberPatriot National Youth Cyber Education Program was created in 2009 by the Air Force Association, to motivate students toward careers in cybersecurity. This is the first year the school has had a team in the competition.

The team consisted of five students: Lincoln Collins, Ty Wilson, Chandler Honeycutt, Gavin Harper, and Maddock Davis. The group was 1 of 5,584 teams that registered for the competition. The group showed dedication to the competition by practicing in the afternoons and on Saturdays.

I congratulate Mount Vernon-Enola High School’s team and wish them much continued success in the years to come, both in school and in their future careers.

RECOGNIZING THE ACCOMPLISHMENTS OF STACY  
MCADOO

Mr. HILL. Mr. Speaker, I rise today and recognize the accomplishments of Stacy McAdoo, a speech communications teacher at Little Rock Central High School.

Stacy was recently named the Little Rock School District 2018 Teacher of the Year. In addition to teaching communications, Ms. McAdoo coordinates the important college readiness program, designed to help all students develop the skills they need to be successful in college.

As a result of her hard work, Stacy was also awarded the Marian G. Lacey Educator of the Year Award, a top award within the Little Rock School District.

Stacy McAdoo’s commitment to education is one all Americans and Arkansans can admire. I am proud to represent her and all of the teachers of central Arkansas who are making a difference in the lives of our young people.

HONORING THE LIFE OF  
SERGEANT JULIUS E. MCKINNEY

The SPEAKER pro tempore. The Chair recognizes the gentleman from Mississippi (Mr. KELLY) for 5 minutes.

Mr. KELLY of Mississippi. Mr. Speaker, it is an honor today to rise in memory of Army Sergeant Julius E. McKinney, who paid the ultimate sacrifice while defending our Nation during the Korean war.

Sergeant McKinney was a member of the Heavy Mortar Company, 32nd Infantry Regiment, 7th Infantry Division. While engaged in heavy battle at the Chosin Reservoir in North Korea on December 2, 1950, Sergeant McKinney became unaccounted for and was later declared missing in action.

Many years after the Korean war, permission to excavate burial sites in the areas where fighting occurred around Chosin Reservoir led to the recovery of human remains. More years would pass before the use of DNA technology would help unite families with their loved ones. Eight years ago, retired Mississippi State Guard Colonel Bill Huff, Sergeant McKinney’s nephew, submitted DNA samples along with two relatives to the United States Army.

In March 2018, Sergeant McKinney’s remains were identified. “For 67 years, we waited for answers,” Mr. Huff said. “It has been so hard for all of us in the family. It was hardest on our uncle’s youngest sister, Effie. For years, she would not eat much for fear her brother was starving. She would remove the bed cover at night because she worried that her brother was shivering somewhere.”

On Wednesday, June 6, 2018, members of the Patriot Guard Riders escorted members of the family to the Memphis International Airport to bring Sergeant McKinney’s remains to Corinth, Mississippi. Friends and loved ones attended the funeral. Interment was held at the Corinth National Cemetery. Sergeant McKinney was buried with full military honors.

“We are so grateful that DNA technology helped us find Uncle Julius,” Mr. Huff said. “We will share our story with the public every chance we get in hopes that others will not give up on the search for their loved ones.”

Joyce Tanner, Sergeant McKinney’s niece, expressed her gratitude in a written tribute to her uncle. “We are thankful the U.S. Army did not abandon their search for you until they were able to find and identify portions of your body after 67 years,” Mrs. Tanner wrote. “They have pieced together records and information that has brought a sense of rest and peace to our hearts, minds, and souls, and to them, we are forever grateful for their diligent efforts.”

Sergeant McKinney’s awards include: the Purple Heart; National Defense Service Medal, Korean Service Medal, United Nations Medal, and the Combat Infantryman’s Badge.

Sergeant’s McKinney’s service will always be remembered. It is through

the blood of our patriots that we are free. We will never quit searching for our warriors. We encourage families with MIAs to go through the process and give DNA, or whatever else that we ask, so that we can find your warrior and bring them home when possible.

On the eve of the historic meeting in North Korea, I also want to recognize all of our brave men who died at the Chosin Reservoir and in the breakout to fight back to the 38th parallel from there. Heavily outnumbered and outgunned, these brave men fought in the most extreme of weather conditions, and against a numerically superior enemy. They never gave up on America, and we will never give up on America and never give up on this world.

HONORING THE LIFE OF JUDGE CHARLES D.  
THOMAS

Mr. KELLY of Mississippi. Mr. Speaker, today I want to rise and recognize my friend Judge Charles D. Thomas, who died recently and who was a great mentor and friend to me.

Judge Thomas was a former military member and served as a company commander in the Mississippi Army National Guard. He was a graduate of Marion Military Institute, the University of Alabama, and he also graduated from the University of Mississippi School of Law, or Ole Miss Law.

Judge Thomas was the judge that swore me in when I started practicing law. But he was more than just a judge. He was a mentor and a friend, and I want to acknowledge all that he did to help me become successful.

HONORING THE LIFE OF BILLY “DOG” BREWER

Mr. KELLY of Mississippi. Mr. Speaker, I rise to recognize a former Ole Miss football coach, Billy “Dog” Brewer, who also passed away recently and was great friends with Judge Thomas.

Coach Brewer was always loved by his players. He was a fighter and he got the best out of all of his players all the time. He took Ole Miss back to a bowl that they won for the first time in 13 years in 1986, and took them to multiple other bowl games, including a Gator Bowl in 1990.

On this day, I would just like to recognize the contributions that Coach Billy “Dog” Brewer made to the University of Mississippi, and the great State of Mississippi.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o’clock and 21 minutes p.m.), the House stood in recess.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CURTIS) at 2 p.m.

## PRAYER

Rabbi Steven I. Rein, U.S. Air Force, Arlington National Cemetery, Arlington, Virginia, offered the following prayer:

Sovereign of the universe, the Psalmist proclaims: "How majestic is Your name upon all the Earth," and wonders, "What is humanity that You should be mindful of us?"

We stand in awe before the beauty and majesty of Your work. We are humbled in a world so vast and a humanity so diverse You breathe Your spirit into each individual soul.

Almighty God, bestow Your wisdom and strength upon these Members of the House of Representatives to dream big, securing the future of this great Nation. May you also grant this distinguished body the courage and compassion to dream small as they represent the distinct needs of their constituents, ever mindful of the citizens they serve.

As Irving Berlin did 100 years ago, we pray that God bless America, and, I would add, may God uniquely bless each and every one of us.

Amen.

## THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. POE of Texas. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. POE of Texas. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

## PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from California (Ms. JUDY CHU) come forward and lead the House in the Pledge of Allegiance.

Ms. JUDY CHU of California led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

## COMBATING THE OPIOID EPIDEMIC

(Mr. DUNN asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. DUNN. Mr. Speaker, I rise today to thank my colleagues in the House for standing up and recognizing that we must get serious about the opioid epidemic that is plaguing America.

In 2016, more than 42,000 Americans died from opioid overdose, almost 5,000 in Florida alone. We can no longer be satisfied with lip service about this problem.

Over the next 2 weeks, we will be voting to crack down on the flow of dangerous synthetic drugs through our postal system and strengthen support systems for those who are battling addiction.

We will give our law enforcement the tools they need to get these drugs out of our communities and increase medical research on alternatives to opioid pain medication. Police and community leaders in my district have made it clear: They need our help.

It is time to tackle the opioid epidemic head-on, and I believe we are finally committed to doing exactly that.

I urge all my colleagues to support these bipartisan bills.

## CONGRATULATING THE 2018 NBA CHAMPION GOLDEN STATE WARRIORS

(Ms. LEE asked and was given permission to address the House for 1 minute.)

Ms. LEE. Mr. Speaker, I rise today with my colleague, our Leader PELOSI, to congratulate the 2018 NBA champions, my home team, the Golden State Warriors.

Now, on Friday, the world watched as the Warriors swept the Cleveland Cavaliers and claimed their third NBA title in 4 years. Led by two-time MVP Steph Curry and two-time NBA Finals MVP Kevin Durant, the Warriors have cemented their dynasty in NBA history.

The team is an example for young people, showing that if you can work together, you can accomplish anything.

These finals against the talented Cleveland Cavaliers were a thrill to watch. We saw basketball at its best, incredible talent, and a real passion from both sides.

Thank you to the Warriors for making our dreams of another championship a reality. This remarkable team has made history as one of the best ever.

I want to extend my thanks to Coach Steve Kerr for his tremendous leadership, as well as the entire Warriors organization.

Today, the bay area is celebrating our remarkable team in my beautiful City of Oakland, as in Oaktown, and I know that my late mother, Mildred Massey, who was a loyal Warriors fan, is smiling down on us.

Go Warriors. Go Oakland. Go Dub Nation.

## POSTAL SERVICE HONORS AMERICAN WARRIORS FROM WORLD WAR I WITH A NEW STAMP "TURNED THE TIDE"

(Mr. POE of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POE of Texas. Mr. Speaker, the United States made the critical difference in the war to end all wars, World War I.

The American doughboys turned the tide to victory in favor of the Allies in 1918, but victory was costly. More Americans gave their lives in the hellish trench warfare than in the wars of Korea and Vietnam combined.

Now, 100 years later, Americans will be reminded of the courage and sacrifice of our doughboys with each letter they write. At the end of this month, the United States Postal Service will release a new stamp commemorating the 100th anniversary of American victory in World War I.

The stamp depicts a soldier of the American Expeditionary Force, one of 4 million young men who answered our Nation's call to "go over there." As George Cohan wrote: "They didn't come back till it was over, over there."

Mr. Speaker, this stamp serves to honor the millions of doughboys who fought during the Great War, because the worst casualty of war is to be forgotten.

And that is just the way it is.

## CELEBRATING A NEW AMERICAN DYNASTY, THE GOLDEN STATE WARRIORS

(Ms. PELOSI asked and was given permission to address the House for 1 minute.)

Ms. PELOSI. Mr. Speaker, I am very delighted to join my colleague from the bay area, Congresswoman BARBARA LEE, in wearing the blue and the gold to celebrate the new American dynasty, the Golden State Warriors.

On Friday, as you probably know, the Warriors swept the great team, the Cleveland Cavaliers, led by LeBron James—what a magnificent athlete—making the victory all the more sweet to secure the 2018 NBA championship, the Warriors' third title in 4 years.

This historic achievement secures Golden State's position as not only the best team in the sport, but as an extraordinary force in ushering in a new era of professional basketball and transforming the future of the sport.

The Golden State Warriors are distinguished by both their talent and their extraordinary teamwork. The 2018 Warriors played with exceptional chemistry and intuitive brilliance on the court, dazzling America with their true strength in numbers.

Steph Curry, Draymond Green, Klay Thompson, MVP twice in a row Kevin Durant, played with extraordinary skill, strength, and determination, each making history in their own way.

Golden State continues to make the bay area and America proud with their leadership, both on and off the court. Led by the extraordinary Coach Kerr—indestructible, he is—the Warriors honor our American values of equality, fairness, and respect for all with their words and their actions.

It gives me great pride to be a member of Dub Nation. Right, Congresswoman LEE? We are members of Dub Nation, and I extend my invitation to the Warriors. Joining Congresswoman LEE, who represents Oakland, we join in extending an invitation to the Warriors to once more come to the Capitol to celebrate this historic accomplishment.

On behalf of San Francisco, I extend well-deserved congratulations to the Golden State Warriors.

#### TAX REFORM IS WORKING FOR THE AMERICAN PEOPLE

(Mr. FERGUSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FERGUSON. Mr. Speaker, I rise today because, after 6 months, it is clear that tax reform is working for the American people.

Since President Trump signed the Tax Cuts and Jobs Act into law in December, we have seen Americans reap the benefits of a growing economy. The numbers don't lie.

Here are just a few of the things that we have seen in the last 6 months: 1 million jobs have been created; the unemployment rate is at its lowest point in 18 years; and consumer confidence is at its highest point in over 17 years.

The naysayers can continue to claim that tax reform isn't working for everyday Americans, but, given these numbers, I find that hard to believe. In reality, tax reform is helping America be the best place in the world to do business, and I look forward to continuing to work here in the House with my colleagues to give all Americans the opportunity to succeed in this thriving economy.

#### NATIONAL WORLD BLOOD DONOR DAY

(Mr. PAULSEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAULSEN. Mr. Speaker, millions of Americans donate blood each year.

Every 2 seconds, someone in America needs blood, and one person's blood donation can save as many as three lives in a crisis. A single car accident victim could require as many as 100 pints of blood. But it can't be manufactured; it can only come from volunteer donors.

Blood donors help patients of all ages, whether they are burn victims, cancer patients, or transplant recipients. My friend and my colleague STEVE SCALISE needed as many as 20 pints of blood on the day that he was shot nearly a year ago.

In fact, he is hosting a blood drive this week, and I would encourage all those who have the opportunity to donate blood this week. He is doing it in honor of World Blood Donor Day on June 14.

Mr. Speaker, I would encourage all of those as well who are eligible to make an effort to donate blood to do so yourselves, because blood donors are lifesavers.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

#### SYNTHETIC DRUG AWARENESS ACT OF 2018

Mr. LATTA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 449) to require the Surgeon General of the Public Health Service to submit to Congress a report on the effects on public health of the increased rate of use of synthetic drugs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 449

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

##### SECTION 1. SHORT TITLE.

This Act may be cited as the "Synthetic Drug Awareness Act of 2018".

##### SEC. 2. REPORT ON EFFECTS ON PUBLIC HEALTH OF SYNTHETIC DRUG USE.

(a) IN GENERAL.—Not later than three years after the date of the enactment of this Act, the Surgeon General of the Public Health Service shall submit to Congress a report on the health effects of new psychoactive substances (including synthetic drugs) used since January 2010 by persons who are at least 12 years of age but no more than 18 years of age.

(b) NEW PSYCHOACTIVE SUBSTANCE DEFINED.—For purposes of subsection (a), the term "new psychoactive substance" means a controlled substance analogue (as defined in section 102(32) of the Controlled Substances Act (21 U.S.C. 802(32))).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. LATTA) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio.

##### GENERAL LEAVE

Mr. LATTA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

Mr. LATTA. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support for H.R. 449, the Synthetic Drug Awareness Act of 2018. Synthetic drugs, such as synthetic marijuana and bath salts, are produced in the lab and can have chemical structures that are designed to mimic or even enhance those naturally occurring drugs.

Fentanyl, another synthetic drug, a substance that is 50 times more potent than heroin and 100 times more potent than morphine, has numerous analogs.

These drugs are modified to circumvent the Drug Enforcement Administration's scheduling regime and are a serious public health risk. That is why H.R. 449 is so important, because it will require the United States Surgeon General to submit a comprehensive report to Congress on the public health effects of synthetic drug use among youth.

I would like to thank my colleague from New York, Representative HAKEEM JEFFRIES, for his hard work on this important initiative, along with Representatives CHRIS COLLINS, G.K. BUTTERFIELD, and TREY GOWDY.

Mr. Speaker, I reserve the balance of my time.

□ 1415

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the opioid crisis has left no one untouched by its destruction. Every age, sex, race, and socioeconomic class has felt the weight of the opioid epidemic and the disastrous effects it has on the lives of those in our Nation.

As this epidemic continues to grow, we have seen a dramatic increase in the number of children who are suffering opioid overdoses. A study published in Pediatrics earlier this year found that the number of children admitted to hospitals from opioid overdoses has nearly doubled since 2004. Another study found that kids between 12 and 17 accounted for 60 percent of the opioid overdoses in the pediatric population.

In 2016, nearly 4,000 children and young adults between the ages of 5 and 24 years old died from overdose due to opioids, and that is why I support H.R. 449. This bipartisan legislation would require the Surgeon General to report on the public health impacts of synthetic drug use and abuse by adolescents between the ages of 12 and 18.

Surgeon General reports have produced some of the most preeminent public health data available on some of the Nation's most pressing public health crises, from the adverse health consequences of tobacco use to reports on nutrition, HIV/AIDS, and violence. This is an important bill because it will allow the Surgeon General to address the impact of synthetic drug use on the youth population, and highlight the need for increased prevention efforts in the future.

This bill, like so many of the bills we are considering today, helps raise awareness of the opioid crisis, and helps us to continue to chart a path forward in addressing this epidemic.

But, Mr. Speaker, I am concerned that collectively these 57-plus bills we will consider in total, do not go far enough in providing the resources necessary for an epidemic of this magnitude. With 115 Americans dying every day, we must ensure that people have access to treatment. The bills the House will debate this week do not do enough to expand treatment for millions suffering from this crisis.

Additionally, Mr. Speaker, I would be remiss if I did not also acknowledge that the Republicans' ongoing efforts to repeal the Affordable Care Act gut Medicaid and take away critical protections for people with preexisting conditions, and would have a devastating impact on people who suffer from opioid substance abuse.

When discussing the opioid crisis on the floor this week, I urge my colleagues to remember that protecting and expanding access to care is the most critical piece of the puzzle. And any efforts to roll back the Affordable Care Act, such as another Republican-led attempt to repeal the Affordable Care Act and gut Medicaid, will hurt those who need it most.

With that said, I am pleased to support H.R. 449 and the other bills we will consider under suspension of the rules today.

Mr. Speaker, I yield as much time as he may consume to the gentleman from New York (Mr. JEFFRIES), the sponsor of H.R. 449.

Mr. JEFFRIES. Mr. Speaker, I thank the distinguished gentleman, the ranking member, Mr. PALLONE, for yielding and for his leadership on this issue.

I also want to thank Congressman LATTA, as well as Chairman GREG WALDEN and my colleagues: CHRIS COLLINS, TREY GOWDY, and G. K. BUTTERFIELD, who all were sponsors of this legislation.

Mr. Speaker, I rise today in support of H.R. 449, the Synthetic Drug Awareness Act. H.R. 449 addresses a critical and sometimes overlooked threat: the use of synthetic drugs by teenagers. It requires the Surgeon General to prepare a report on the public health effects of synthetic drug use by individuals aged 12 to 18 throughout America.

With the information this study will provide, Congress can work to prevent substance abuse by younger Americans through an enhanced and enlightened lens. The opioid crisis has ravaged families across the country, without regard to ZIP Code, income, race, religion, or gender.

Unfortunately, this public health emergency is now taking hold, in insidious ways, of our Nation's young people. Throughout the country, the drug overdose death rate has more than doubled during the past decade amongst younger Americans. This troubling phenomenon, in part, results from the

rise and availability of potent and dangerous substances like illicit fentanyl, and synthetic marijuana, drugs that fall within the category covered by this legislation.

Fentanyl, for instance, can be 50 to 100 times stronger than opioids, heroin, or morphine. Teenage fentanyl use, for instance, is a vicious cycle. Adolescents have a still-developing prefrontal cortex, which can facilitate drug-seeking behavior. The drug then alters the development of this area of the brain, making that behavior permanent.

The majority of adults who develop a substance abuse disorder or addiction begin using before they are 18 years old. In order to address the multifaceted public health crisis that the opioid epidemic represents, we must consider both the cause and the effect.

Advancing this legislation has been a collaborative process, and I greatly appreciate the hard work of all of my colleagues on both sides of the aisle.

Mr. Speaker, I encourage my colleagues to support H.R. 449.

The SPEAKER pro tempore. Without objection, the gentleman from Oregon (Mr. WALDEN) will control the time for the majority.

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Our work on the House floor today is the culmination of more than a year's effort to craft legislation in the Energy and Commerce Committee that will save lives and help stem the tide of the opioid crisis that has struck at the health of our people wherever they live in America.

In my Oregon district, I have held multiple roundtable discussions with parents, with those addicted, and with those who treat the addicted. I have talked with law enforcement officials and emergency room physicians. I have sought the counsel and the advice of those who are closest to this national problem, and I have worked with my colleagues to carefully craft legislation that responds to the need and to their suggestions.

The headlines—we know they are everywhere—tell the tragic stories of loved ones gone far too soon. We are confronting an addiction that mercilessly seizes control and then destroys. This killer doesn't discriminate—not by age, not by race, not by where you live, or what you believe.

We are here because opioid addiction continues to take the lives of more than 100 people in America each and every day. These are real people in all of our districts—people like Amanda.

Just this past January, Amanda was seeking relief from the pain surrounding her mental illness. She ended up dying from an overdose of fentanyl. Her father bravely shared his family's story with our committee, hoping that their loss would help spur Congress to modernize Federal laws. It is for the young people like Amanda and her parents—people like Amanda who tragically lost their bright futures—that

we come together today to advance so many bipartisan pieces of legislation.

And it is for families like hers, the ones who are left behind with the heartbreak of a loss so many of us could never comprehend, that we will not rest until we have won the fight against opioid addiction.

From passage of the Comprehensive Addiction and Recovery Act, known as CARA, and the 21st Century Cures Act last Congress under the able leadership of Chairman FRED UPTON, to the \$4 billion in new funding passed earlier this year by this Congress, we have worked long and hard to help families and communities in despair.

Last fall, the Health Subcommittee chairman, Mr. BURGESS of Texas, invited all Members of the U.S. House to come before his Health Subcommittee and to share their best ideas on how to combat this crisis. We heard from more than 50 Members—Republicans, and Democrats alike.

This spring, the Energy and Commerce Committee held a series of legislative hearings examining ways to protect our communities, to boost our public health and prevention efforts, and to improve treatment and care for patients of all ages and all backgrounds.

While the work was not always easy, Mr. Speaker, the Energy and Commerce Committee has advanced 57 different pieces of legislation to this House floor, most with unanimous support, that may well be a record for legislating on a single issue.

So while the surge of addiction looms large before us, I believe that we as a Congress and we as the American people are up to this task. The bills before us are not our first efforts in this fight, and you have my word they will not be the last.

But I urge my colleagues today, tomorrow, the rest of this week, and next week to support the legislation before the House. We have an opportunity to save lives. We have a responsibility to our families, friends, communities, our neighbors, and our Nation to lift people out of addiction and to get America on a better path.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield 3 minutes to the gentlewoman from Virginia (Mrs. COMSTOCK), who has been a real leader on this issue.

Mrs. COMSTOCK. Mr. Speaker, I thank Chairman WALDEN and Ranking Member PALLONE for their leadership in working with us on a bipartisan basis for this important package.

We all know the stories and have heard the stories time and again from our businesses, from our schools, from families visiting us, and we know this epidemic is hitting everybody. So I appreciate the opportunity to join together with my colleagues today to address this important issue.

Mr. Speaker, I rise today in support of my bill, H.R. 5473, the Better Pain

Management Through Better Data Act, and I would like to thank Representative BEN RAY LUJÁN for joining me in making this a bipartisan effort as an introduction as it went through committee, and now here as we are continuing to address this on the floor.

Opioid addiction we know is plaguing our communities all across the country, creating victims, devastating families, and creating economic ruin. Long-term solutions to combating this crisis depend upon safety with existing therapies and deployment of novel next generation therapies.

We need to ensure the policy and regulatory environment allows for greater adoption and use of less addictive treatments. This legislation will facilitate better clinical data on nonopioid alternatives so that doctors have more prescribing options and fewer opioids are prescribed in the first place, lowering the risk of addiction.

The FDA is responsible for protecting public health by ensuring the safety and efficacy of drugs, biological products, and medical devices. While there may be alternatives to opioids for certain patients and conditions, there is a need for additional clarity and flexibility regarding what drug developers need to do to help reduce the need for opioids as part of the pain treatment regimen.

This bill directs the FDA to have public meetings and issue guidance to industry, addressing data collection and labeling for medical products that reduce pain and may replace, delay, or reduce the use of oral opioids. This is one more effort to remove the barriers to investment and unleash the full potential of biomedical expertise to address this growing crisis.

This is the primary reason, I am pleased to say, our bill has the strong support of the Biotechnology Innovation Organization, also known as BIO, which represents more than 1,000 businesses, academic institutions, State biotechnology centers, and related entities.

The experts believe this bill will stimulate renewed research and development, and more effectively prevent abuse. This is a step in the right direction and allows doctors to better meet their commitment to their most vulnerable patients by giving them both diverse and better options for non-addictive treatments for pain.

Mr. Speaker, I thank the House today for addressing this issue, and really the ability to work together and find these solutions that we know are plaguing so many of our families. Everywhere we go we are all hearing about these stories, and I am heartened today we have joined together to provide more solutions.

Mr. WALDEN. Mr. Speaker, I have no other speakers on this bill, so I would encourage support of H.R. 449, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would also urge my colleagues to support this legislation, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 449, the Synthetic Drug Awareness Act of 2017, which requires the Surgeon General to report to Congress on the public health effects of the increased use since January 2010 by individuals who are 12 to 18 years old of drugs developed and manufactured to avoid control under the Controlled Substances Act.

The term “synthetic drug” means a drug which is developed and manufactured to avoid control under the Controlled Substances Act.

There are more than 200 identified synthetic drug compounds and more than 90 different synthetic drug marijuana compounds.

Many of these synthetic drugs are made in foreign countries and then smuggled into the United States.

These clandestinely-made drugs have no manufacturing safety standards that are normally required by the Food and Drug Administration.

Synthetic opioids have surpassed prescription opioids as the most common drug class involved in overdose deaths in the United States.

According to the Drug Enforcement Administration, fentanyl-related deaths nationwide are up from previous years by 73 percent.

Fentanyl, a synthetic opioid created using man-made chemical components rather than naturally occurring ingredients, is 50-100 times more potent than morphine.

Overall, drug overdose deaths involving fentanyl-type drugs in the United States rose from about 3,000 in 2010 to more than 19,400 in 2016.

The rate of teen drug overdose deaths in the United States climbed 19 percent from 2014 to 2015, from 3.1 deaths per 100,000 teens to 3.7 per 100,000.

The number of American teens to die of a drug overdose leapt by almost a fifth in 2015 after seven years of decline.

The opioid epidemic claimed more than 52,000 lives in 2015.

In Texas, Synthetic opioids account for almost one-fifth of drug related overdoses.

In 2016, there were 1,375 opioid-related overdose deaths in Texas specifically, according to the National Institute on Drug Abuse.

Last year, 364 drug-related overdose deaths happened in Houston.

Synthetic marijuana, methamphetamine, cocaine, and heroin top the list of drug-related problems in the Houston area.

Geographically, death rates from overdoses involving synthetic opioids increased in 21 states, with 10 states doubling their rates from 2016–2017.

No area of the United States is exempt from this epidemic—we all know a friend, family member or loved one devastated by opioids.

H.R. 449 is a positive step in the right direction, I urge my colleagues to vote yes on H.R. 449, the Synthetic Drug Awareness Act of 2017.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. LATTA), that the House suspend the rules and pass the bill, H.R. 449, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: “A bill to require the Sur-

geon General of the Public Health Service to submit to Congress a report on the health effects of new psychoactive substances (including synthetic drugs) use.”.

A motion to reconsider was laid on the table.

□ 1430

# BETTER PAIN MANAGEMENT THROUGH BETTER DATA ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5473) to direct the Secretary of Health and Human Services to update or issue one or more guidances addressing alternative methods for data collection on opioid sparing and inclusion of such data in product labeling, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5473

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

## SECTION 1. SHORT TITLE.

This Act may be cited as the “Better Pain Management Through Better Data Act of 2018”.

## SEC. 2. GUIDANCE ADDRESSING ALTERNATIVE APPROACHES TO DATA COLLECTION AND LABELING CLAIMS FOR OPIOID SPARING.

(a) IN GENERAL.—For purposes of assisting sponsors in collecting and incorporating opioid-sparing data in product labeling, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall conduct a public meeting and update or issue one or more guidances in accordance with subsection (b).

(b) GUIDANCE.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, shall update or issue one or more guidances addressing—

(A) alternative methods for data collection on opioid sparing;

(B) alternative methods for inclusion of such data in product labeling; and

(C) investigations other than clinical trials, including partially controlled studies and objective trials without matched controls such as historically controlled analyses, open-label studies, and meta-analyses, on opioid sparing for inclusion in product labeling.

(2) CONTENTS.—The guidances under paragraph (1) shall address—

(A) innovative clinical trial designs for ethically and efficiently collecting data on opioid sparing for inclusion in product labeling;

(B) primary and secondary endpoints for the reduction of opioid use while maintaining adequate pain control;

(C) use of real world evidence, including patient registries, and patient reported outcomes to support inclusion of opioid-sparing data in product labeling; and

(D) how sponsors may obtain feedback from the Secretary relating to such issues prior to—

(i) commencement of such data collection; or

(ii) the submission of resulting data to the Secretary.

(3) PUBLIC MEETING.—Prior to updating or issuing the guidances required by paragraph



(1), the Secretary shall consult with stakeholders, including representatives of regulated industry, academia, patients, and provider organizations, through a public meeting to be held not later than 12 months after the date of enactment of this Act.

(4) **TIMING.**—The Secretary shall—

(A) not later than 12 months after the date of the public meeting required by paragraph (3), update or issue the one or more draft guidances required by paragraph (1); and

(B) not later than 12 months after the date on which the public comment period for such draft guidances closes, finalize such guidances.

(c) **DEFINITION.**—In this section:

(1) The terms “opioid sparing” and “opioid-sparing” refer to the use of drugs or devices (as defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321)) that reduce pain while enabling the reduction, replacement, or avoidance of oral opioids.

(2) The term “Secretary” means the Secretary of Health and Human Services.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to speak in favor of this legislation, and I want to thank Representatives COMSTOCK and LUJÁN for their leadership on it.

This bill would take steps to facilitate the development of products that reduce, replace, or prevent the use of opioids. Specifically, this legislation will direct the FDA to hold a public meeting and update the agency's guidance on opioid sparing data that can be used to support updated product labeling and claims.

For many Americans, Mr. Speaker, dealing with chronic or acute pain, there are limited alternatives to opioids, but for some patients, there may be therapeutic alternatives which do not share the same risks inherent in opioid use. This bill will facilitate the process of getting information to providers and patients at a critical juncture in their treatment.

By reducing the need to start an opioid, we can stop addiction before it starts, and we can save countless lives in the process. So I urge my colleagues to vote in favor of this narrowly tailored, commonsense, and noncontroversial measure.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5473, legislation offered by my col-

leagues, Representatives LUJÁN and COMSTOCK.

H.R. 5473 would provide greater clarity to drug and device manufacturers regarding the studies that should be conducted for purposes of making claims on the labeling of medical products that they may replace, delay, or reduce the use of opioids.

This is practical legislation, Mr. Speaker, that I believe will help to encourage manufacturers to do the necessary work to determine how we can identify for providers and patients medical products that can serve as alternatives to the use of opioids for purposes of pain treatment.

Mr. Speaker, I urge my colleagues to vote in support of H.R. 5473, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I have no other speakers on this legislation, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from New Mexico (Mr. BEN RAY LUJÁN), who is one of the sponsors of this bill.

Mr. BEN RAY LUJÁN of New Mexico. Mr. Speaker, I rise in support of the Better Pain Management Through Better Data Act.

Current data collection models used by the Food and Drug Administration to measure clinical effectiveness are not ideally suited to accelerate development of opioid-sparing products. This bipartisan legislation will better allow the FDA to obtain the data they need to more quickly approve label claims for nonaddictive pain medications.

I think I have said this at least 100 times at this point, but we must work with our pharmaceutical partners and the FDA to make sure that patients across the country have nonaddictive pain management options.

I come from a blue-collar district with ironworkers and ranchers and a whole lot of jobs where wear and tear on the body is inevitable. It is simply unrealistic to think that we won't have people who need access to pain therapy. That is where nonaddictive therapies come in. This bill is another step forward in making sure that everyone has more options to treat pain.

While we are talking about non-addictive pain medications and how important they are to break the cycle of addiction back home, I want to take a second to direct my comments toward all the pharmaceutical manufacturers who are developing or plan to develop drugs in this space: This is important. We need you to be innovative, and we need you to be aggressive.

That being said, Mr. Speaker, I am already starting to be concerned regarding the cost of these drugs. Let me put this in plain English. I am worried that the people living in different parts of America may be able to afford these drugs but families who are struggling and worrying about how to make that family budget work are going to be left out. If people can't afford these thera-

pies and these treatments, they are not going to make a bit of difference.

We cannot create another layer of people who can afford medications and therapies and people who cannot, especially not when this issue is so important. All nonaddictive pain medications must be affordable, accessible, and of high quality.

I appreciate the hard work of the committee staff, Chairman WALDEN, Ranking Member PALLONE, and all the stakeholders who helped get this bill to the finish line.

This epidemic is affecting too many New Mexicans, too many Americans, to not think about long-term strategies for preventing opioid use disorder in the future.

I appreciate Chairman WALDEN's remarks. I thank him for acknowledging that this is not the end of our work.

This committee has much work to do not just with this package, but into the future, until we are able to help everyone who is fighting addiction in America. I look forward to working with our colleagues, with the administration, and with anyone and everyone out there to make a difference when it comes to addiction in our country.

Mr. WALDEN. Mr. Speaker, I have no further speakers on this legislation. I urge my colleagues to support it.

I commend the gentleman from New Mexico (Mr. BEN RAY LUJÁN) and the gentlewoman from Virginia (Mrs. COMSTOCK) for their tireless work on this legislation.

Mr. Speaker, I urge my colleagues to vote in favor of it, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also ask that my colleagues support this bipartisan legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5473, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### TESTING INCENTIVE PAYMENTS FOR BEHAVIORAL HEALTH PROVIDERS FOR ADOPTION AND USE OF CERTIFIED ELECTRONIC HEALTH RECORD TECHNOLOGY

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3331) to amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3331

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*



**SECTION 1. TESTING OF INCENTIVE PAYMENTS FOR BEHAVIORAL HEALTH PROVIDERS FOR ADOPTION AND USE OF CERTIFIED ELECTRONIC HEALTH RECORD TECHNOLOGY.**

Section 1115A(b)(2)(B) of the Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amended by adding at the end the following new clause:

“(xxv) Providing, for the adoption and use of certified EHR technology (as defined in section 1848(o)(4)) to improve the quality and coordination of care through the electronic documentation and exchange of health information, incentive payments to behavioral health providers (such as psychiatric hospitals (as defined in section 1861(f)), community mental health centers (as defined in section 1861(ff)(3)(B)), hospitals that participate in a State plan under title XIX or a waiver of such plan, treatment facilities that participate in such a State plan or such a waiver, mental health or substance use disorder providers that participate in such a State plan or such a waiver, clinical psychologists (as defined in section 1861(ii)), nurse practitioners (as defined in section 1861(aa)(5)) with respect to the provision of psychiatric services, and clinical social workers (as defined in section 1861(hh)(1))).”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

**GENERAL LEAVE**

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to commend Representative JENKINS, who is here and going to speak in a moment; Representative MATSUI, who is also here and going to speak in a moment; Representative MULLIN; and others who are working together on this bill.

H.R. 3331 will open an opportunity to accelerate the use of electronic health records for behavioral health providers. Behavioral health providers were left out of the HITECH incentives, leading to a lower rate of adoption and creating a gap in continuity of care at a point when it is most needed.

If there is one place you don't want a data-drop in care provided it is with those who have sought care, but their doctors don't know about it because they don't have the technology they need. No patient should face the risks of being rerouted to opioids because their provider did not have the full picture of a patient's history.

During the thorough legislative process the Energy and Commerce Committee has engaged in to get here today, we have heard from several witnesses and stakeholders on the importance of better utilizing technology. So it is a natural step to let CMMI test

the impact of connecting behavioral health providers with the rest of the healthcare community.

Mr. Speaker, I urge my colleagues to support the passage of H.R. 3331.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON ENERGY AND COMMERCE,  
Washington, DC, June 7, 2018.

Hon. KEVIN BRADY,  
Chairman, Committee on Ways and Means,  
Washington, DC.

DEAR CHAIRMAN BRADY: On May 9 and 17, 2018, the Committee on Energy and Commerce ordered favorably reported over 50 bills to address the opioid epidemic facing communities across our nation. Several of the bills were also referred to the Committee on Ways and Means.

I ask that the Committee on Ways and Means not insist on its referral of the following bills so that they may be scheduled for consideration by the Majority Leader:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

This concession in no way affects your jurisdiction over the subject matter of these bills, and it will not serve as precedent for future referrals. In addition, should a conference on the bills be necessary, I would support your request to have the Committee on Ways and Means on the conference committee. Finally, I would be pleased to include this letter and your response in the bill reports and the Congressional Record.

Thank you for your consideration of my request and for the extraordinary cooperation shown by you and your staff over matters of shared jurisdiction. I look forward to further opportunities to work with you this Congress.

Sincerely,

GREG WALDEN,  
Chairman.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON WAYS AND MEANS,  
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,  
Chairman, Committee on Energy and Commerce,  
Washington, DC.

DEAR CHAIRMAN WALDEN: Thank you for your letter concerning several bills favorably reported out of the Committee on Energy and Commerce to address the opioid epidemic and which the Committee on Ways and Means was granted an additional referral.

As a result of your having consulted with us on provisions within these bills that fall within the Rule X jurisdiction of the Committee on Ways and Means, I agree to waive formal consideration of the following bills so that they may move expeditiously to the floor:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

The Committee on Ways and Means takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues that fall within our jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and requests your support for such a request.

Finally, I would appreciate your commitment to include this exchange of letters in the bill reports and the Congressional Record.

Sincerely,

KEVIN BRADY,  
Chairman.

Mr. WALDEN. Mr. Speaker, I yield 3 minutes to the gentlewoman from Kansas (Ms. JENKINS), who has been a real leader on this legislation.

Ms. JENKINS of Kansas. Mr. Speaker, I thank the gentleman for yielding and his leadership.

Mr. Speaker, I rise today to express strong support for the Improving Access to Behavioral Health Information Technology Act, H.R. 3331. Our Nation finds itself in a mental health and opioid crisis, and Congress must do all it can to ensure providers have the tools they need to effectively treat their patients.

Toward that end, together with Representatives MATSUI and MULLIN, I introduced this bipartisan legislation, which would authorize the Center for Medicare and Medicaid Innovation to incentivize health IT demonstrations for behavioral health providers. By utilizing electronic health records, they can better coordinate care, support delivery of treatment, and help to fully integrate recovery and prevention services for all Americans.

This legislation takes the critical step of bringing mental health and addiction treatment into the 21st century while reducing health spending and expanding access for these treatments to underserved communities, including rural areas in my home State of Kansas.

Mr. Speaker, I urge my colleagues to vote in favor of H.R. 3331. It is my hope we will get this bill to the President's desk as quickly as possible.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 3331, sponsored by Representative LYNN JENKINS and Representative DORIS MATSUI, and I commend my colleagues for their work on the bill.

One of the reasons why the opioid crisis is so intractable is the lack of access to behavioral health services in all of our communities, and the continued segregation of behavioral health from physical health.

For decades, we have neglected our behavioral health infrastructure, and siloed behavioral health from our broader healthcare system. The lack of integration between behavioral and physical health has had serious consequences for patients, including poor to nonexistent coordination of care, severe provider shortages, and poor health outcomes.

One barrier in addressing true integration has been that behavioral health providers in large part don't have access to electronic health records, and were left out of the push to update electronic health records systems. That is an unfortunate legacy that we are still dealing with today.

H.R. 3331 takes an important step in addressing this problem. It is a bipartisan bill that would incentivize behavioral health providers to adopt electronic health record technology, through the Centers for Medicare & Medicaid Innovation.

While this is an important bill, I want to underscore that it is incremental and it is limited. I want to reiterate my continuing concern that while Democrats support working on a legislative package to address the opioid crisis, we must first assure that we do no harm.

And I must remind everyone that Republican efforts to dismantle and sabotage the ACA would do serious harm to our healthcare system, and to folks with substance use disorders specifically.

Just last week, the Trump Administration requested that a federal court eliminate the protections in the ACA for people with preexisting conditions. That includes people with opioid use disorders, whose access to health insurance and vital treatment for opioid use disorders would be taken away if the Trump Administration is successful.

The opioids package cannot be considered in a vacuum. Mark my words—Republican efforts to tear down the ACA and the Medicaid program will not only reverse any gains we may make from these efforts today, but will to inflict broad, lasting harm to our healthcare system, and to our ability to fight the opioid crisis.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Speaker, I thank Mr. PALLONE for yielding to me and for his leadership.

Mr. Speaker, while I believe that we need to do a lot more to combat the opioid and addiction epidemic, I am pleased with some of the specific steps being taken today to help communities. I specifically rise in support of legislation I coauthored with Congresswoman LYNN JENKINS on H.R. 3331.

In order to solve the root cause of addiction, we need more access to behavioral health in our communities, and we need to treat mental health and substance use disorder like diseases. That means integrating care and services for those conditions into the healthcare system. It means treating a person as a whole person.

Physical and mental health conditions interplay and should be treated as such. We cannot have a truly integrated system with the care coordination we envision if behavioral health providers don't have electronic health records. We must work to harness the power of technology to improve the accessibility of behavioral health treatment, particularly in underserved communities.

This bipartisan bill will incentivize behavioral health providers to adopt electronic health record technology. The Senate version of the bill, led by Senators WHITEHOUSE and PORTMAN, passed by unanimous consent last month, so I hope that we can continue the momentum around this legislation with the passage of H.R. 3331 today.

Before I close, I want to reiterate how important it is for my Republican colleagues to join us in doing more. We need to protect and expand Medicaid, build on ACA successes in terms of access to behavioral healthcare, and fund treatment and prevention efforts in our local communities. We have a long way to go. This is a really good start, and I implore my colleagues to work with us as we move forward.

Mr. WALDEN. Mr. Speaker, I have no other speakers, so I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no other speakers.

I urge support of the legislation, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I thank Members on both sides for their good work on this legislation. I urge passage, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 3331, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

## INDEXING NARCOTICS, FENTANYL, AND OPIOIDS ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4284) to establish a Federal Coordinator within the Department of Health and Human Services, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4284

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Indexing Narcotics, Fentanyl, and Opioids Act of 2018" or the "INFO Act".

### SEC. 2. ESTABLISHMENT OF SUBSTANCE USE DISORDER INFORMATION DASHBOARD.

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by adding at the end the following new section:

#### "SEC. 1711. ESTABLISHMENT OF SUBSTANCE USE DISORDER INFORMATION DASHBOARD.

"(a) IN GENERAL.—Not later than six months after the date of the enactment of this section, the Secretary of Health and Human Services shall, in consultation with the Director of National Drug Control Policy, establish and periodically update a public information dashboard that—

"(1) coordinates information on programs within the Department of Health and Human Services related to the reduction of opioid abuse and other substance use disorders;

"(2) provides access to publicly available data from other Federal agencies; State, local, and Tribal governments; nonprofit organizations; law enforcement; medical experts; public health educators; and research institutions regarding prevention, treatment, recovery, and other services for opioid use disorder and other substance use disorders;

"(3) provides comparable data on substance use disorder prevention and treatment strategies in different regions and population of the United States;

"(4) provides recommendations for health care providers on alternatives to controlled substances for pain management, including approaches studied by the National Institutes of Health Pain Consortium and the National Center for Complimentary and Integrative Health; and

"(5) provides guidelines and best practices for health care providers regarding treatment of substance use disorders.

“(b) CONTROLLED SUBSTANCE DEFINED.—In this section, the term ‘controlled substance’ has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).”.

### SEC. 3. INTERAGENCY SUBSTANCE USE DISORDER COORDINATING COMMITTEE.

(a) ESTABLISHMENT.—Not later than three months after the date of the enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall, in consultation with the Director of National Drug Control Policy, establish a committee, to be known as the Interagency Substance Use Disorder Coordinating Committee (in this section referred to as the “Committee”), to coordinate all efforts within the Department of Health and Human Services concerning substance use disorder.

#### (b) MEMBERSHIP.—

(1) FEDERAL MEMBERS.—The following individuals shall be the Federal members of the Committee:

(A) The Secretary, who shall service as the Chair of the Committee.

(B) The Attorney General of the United States.

(C) The Secretary of Labor.

(D) The Secretary of Housing and Urban Development.

(E) The Secretary of Education.

(F) The Secretary of Veterans Affairs.

(G) The Commissioner of Social Security.

(H) The Assistant Secretary for Mental Health and Substance Use.

(I) The Director of the Centers for Disease Control and Prevention.

(J) The Director of the National Institutes of Health and the Directors of such national research institutes of the National Institutes of Health as the Secretary determines appropriate.

(K) The Administrator of the Centers for Medicare & Medicaid Services.

(L) The Director of National Drug Control Policy.

(M) Representatives of other Federal agencies that serve individuals with substance use disorder.

(2) NON-FEDERAL MEMBERS.—The Committee shall include a minimum of 17 non-Federal members appointed by the Secretary, of which—

(A) at least two such members shall be an individual who has received treatment for a diagnosis of an opioid use disorder;

(B) at least two such members shall be an individual who has received treatment for a diagnosis of a substance use disorder other than an opioid use disorder;

(C) at least two such members shall be a State Alcohol and Substance Abuse Director;

(D) at least two such members shall be a representative of a leading research, advocacy, or service organization for adults with substance use disorder;

(E) at least two such members shall—

(i) be a physician, licensed mental health professional, advance practice registered nurse, or physician assistant; and

(ii) have experience in treating individuals with opioid use disorder or other substance use disorders;

(F) at least one such member shall be a substance use disorder treatment professional who is employed with an opioid treatment program;

(G) at least one such member shall be a substance use disorder treatment professional who has research or clinical experience in working with racial and ethnic minority populations;

(H) at least one such member shall be a substance use disorder treatment professional who has research or clinical mental health experience in working with medically underserved populations;

(I) at least one such member shall be a State-certified substance use disorder peer support specialist;

(J) at least one such member shall be a drug court judge or a judge with experience in adjudicating cases related to substance use disorder;

(K) at least one such member shall be a law enforcement officer or correctional officer with extensive experience in interacting with adults with a substance use disorder; and

(L) at least one such member shall be an individual with experience providing services for homeless individuals and working with adults with a substance use disorder.

#### (c) TERMS.—

(1) IN GENERAL.—A member of the Committee appointed under subsection (b)(2) shall be appointed for a term of three years and may be reappointed for one or more three-year terms.

(2) VACANCIES.—A vacancy on the Committee shall be filled in the same manner in which the original appointment was made. Any individual appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term and may serve after the expiration of such term until a successor has been appointed.

(d) MEETINGS.—The Committee shall meet not fewer than two times each year.

#### (e) DUTIES.—The Committee shall—

(1) monitor opioid use disorder and other substance use disorder research, services, and support and prevention activities across all relevant Federal agencies, including coordination of Federal activities with respect to opioid use disorder and other substance use disorders;

(2) identify and provide to the Secretary recommendations for improving Federal grants and programs for the prevention and treatment of, and recovery from, opioid use disorder and other substance use disorders;

(3) review substance use disorder prevention and treatment strategies in different regions and populations in the United States and evaluate the extent to which Federal substance use disorder prevention and treatment strategies are aligned with State and local substance use disorder prevention and treatment strategies;

(4) make recommendations to the Secretary regarding any appropriate changes with respect to the activities and strategies described in paragraphs (1) through (3);

(5) make recommendations to the Secretary regarding public participation in decisions relating to opioid use disorder and other substance use disorders and the process by which public feedback can be better integrated into such decisions; and

(6) make recommendations to ensure that opioid use disorder and other substance use disorder research, services, and support and prevention activities of the Department of Health and Human Services and other Federal agencies are not unnecessarily duplicative.

#### (f) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter for the life of the Committee, the Committee shall publish on the public information dashboard established under section 2(a) a report summarizing the activities carried out by the Committee pursuant to subsection (e), including any findings resulting from such activities.

(2) RECOMMENDATION FOR COMMITTEE EXTENSION.—After the publication of the second report of the Committee under paragraph (1), the Secretary shall submit to Congress a recommendation on whether or not the operations of the Committee should continue after the termination date described in subsection (i).

(g) WORKING GROUPS.—The Committee may establish working groups for purposes of carrying out the duties described in subsection (e). Any such working group shall be composed of members of the Committee (or the designees of such members) and may hold such meetings as are necessary to enable the working group to carry out the duties delegated to the working group.

(h) FEDERAL ADVISORY COMMITTEE ACT.—The Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the Committee only to the extent that the provisions of such Act do not conflict with the requirements of this section.

(i) SUNSET.—The Committee shall terminate on the date that is six years after the date on which the Committee is established under subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

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Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support for H.R. 4284, the Indexing Narcotics, Fentanyl, and Opioid Act of 2018, more easily known as the INFO Act.

This legislation will facilitate the linking of all nationwide health efforts and strategies to combat the opioid crisis into one place, as well as create an interagency substance abuse disorder coordinating committee to review and coordinate research, services, and prevention activities across all relevant Federal agencies. This is going to be a tremendous resource for patients, families, and local communities and their leaders. I want to thank my colleague from Ohio (Mr. LATTA) for leading this important initiative.

I think all of us in our districts, Mr. Speaker, have heard directly from people saying: I don't know what resources are there at the Federal level. I don't know where to go access it. Can't you do something?

That is why Mr. LATTA, who chairs our Subcommittee on Digital Commerce and Consumer Protection, rose to the challenge and put together this piece of legislation.

Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. LATTA) to discuss the importance of this legislation.

Mr. LATTA. Mr. Speaker, I thank the chairman of the committee for all his hard work and for especially shepherding these 57 bills that we got through committee on the opioid crisis

that we have in this country. I thank him for that and for helping on this piece of legislation today.

Mr. Speaker, I rise today in support of H.R. 4284, the INFO Act, the Indexing Narcotics, Fentanyl, and Opioids Act.

In Ohio, we have experienced some of the worst of the crisis. In a 12-month period ending June 30 of last year, 5,232 lives were lost due to overdoses. That is a 39 percent increase from the previous year and three times the national average.

In talking with my constituents across the district, I have learned that to make a real difference in the lives of those who are struggling with addiction, we need to get more data, information, and funding into the hands of the right people. That is exactly what the INFO Act does.

My bill creates a public dashboard consisting of comprehensive information and data on nationwide efforts to combat the opioid crisis. Establishing a one-stop shop makes it easier for advocates, healthcare providers, and State and local governments to access Federal funding, data on opioid abuse, and the best practices for treatment.

Due to this crisis, we are losing 115 Americans a day across this Nation. The time to act is now. I urge my colleagues to support the passage of this legislation.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 4284, the Indexing Narcotics, Fentanyl, and Opioids Act, or INFO Act.

The opioid crisis is a complex issue that requires an all-hands-on-deck approach. Communities across the Nation are being ravaged by this crisis, and many are working hard to find ways to stop it.

With 115 people dying every day from opioid overdoses, communities could benefit from sharing effective interventions to decrease opioid use disorder and overdose deaths and having one-stop access to Federal resources, including grant funding announcements, available to support their efforts.

The INFO Act would create a central repository for information on programs within HHS related to the reduction of opioid abuse and other substance use disorders, as well as how communities nationwide are tackling the opioid epidemic. In this way, folks across the country can work together and learn from one another.

This easily accessible, electronic public dashboard would allow for strategies to combat this crisis to be shared and served as a resource to patients, loved ones of those with opioid use disorder, and local communities.

The INFO Act also would establish an interagency substance use disorder coordinating committee to help coordinate response efforts to the opioid epidemic within HHS.

Mr. Speaker, I urge my colleagues to support this legislation, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I, too, would encourage our colleagues to support this fine piece of legislation and, again, commend its authors for doing the good work that will help so many in our districts.

Mr. Speaker, I urge support, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 4284, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to establish a substance use disorder information dashboard within the Department of Health and Human Services, and for other purposes."

A motion to reconsider was laid on the table.

#### ENSURING ACCESS TO QUALITY SOBER LIVING ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4684) to direct the Secretary of Health and Human Services, acting through the Director of the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration, to publish and disseminate best practices for operating a recovery housing, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4684

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Ensuring Access to Quality Sober Living Act of 2018".

#### SEC. 2. NATIONAL RECOVERY HOUSING BEST PRACTICES.

Part P of title III of the Public Health Service Act is amended by adding at the end the following new section:

#### "SEC. 399V-7. NATIONAL RECOVERY HOUSING BEST PRACTICES.

"(a) BEST PRACTICES.—The Secretary of Health and Human Services, in consultation with the Secretary for Housing and Urban Development, patients with a history of opioid use disorder, and other stakeholders, which may include State accrediting entities and reputable providers, analysts, and stakeholders of recovery housing services, such as the National Alliance for Recovery Residences, shall identify or facilitate the development of best practices, which may include model laws for implementing suggested minimum standards, for operating recovery housing.

"(b) DISSEMINATION.—The Secretary shall disseminate the best practices identified or developed under subsection (a) to—

"(1) State agencies, which may include the provision of technical assistance to State agencies seeking to adopt or implement such best practices;

"(2) recovery housing entities; and

"(3) the public, as appropriate.

"(c) DEFINITIONS.—In this section:

"(1) The term 'recovery housing' means a shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services, including medication-assisted treatment services, that promote sustained recovery from substance use disorders.

"(2) The term 'State' includes any of the several States, the District of Columbia, each Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), and any territory or possession of the United States.

"(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$3,000,000 for the period of fiscal years 2019 through 2021."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support for H.R. 4684, Ensuring Access to Quality Sober Living Act of 2018.

This legislation will require the Department of Health and Human Services to develop and disseminate best practices for operating recovery housing.

We heard a lot about these issues in the course of our investigation and in our legislative work. Recently, an increasing number of reports have revealed the nefarious practice of patient brokering. This is where individuals known as "patient brokers" treat men and women with a substance use disorder as a commodity. They push them to seek treatment at certain outpatient facilities and to live at affiliated recovery residences while undergoing treatment.

In exchange for steering patients towards specific facilities and housing, patient brokers then receive generous financial kickbacks. Oftentimes, the residence and the treatment center involved in the kickback scheme lack any oversight, transparency, or accountability. This legislation will help ensure that recovery residences maintain safe and supportive environments for those who are in recovery.

I would like to thank my California colleagues, JUDY CHU, MIMI WALTERS, and RAUL RUIZ, along with Florida Representative GUS BILIRAKIS, for addressing this important issue and bringing this legislation to the committee and to the floor.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 4684, the Ensuring Access to Quality Sober Living Act of 2018, introduced by Representative CHU.

This bill would require the Department of Health and Human Services to work with stakeholders, including individuals with substance use disorders and recovery housing groups, to develop best practices for operating recovery housing.

The Energy and Commerce Committee's bipartisan investigation into disreputable sober homes and associated patient brokers and treatment facilities has made clear that we must do more to ensure that individuals with an opioid use disorder are not being taken advantage of by entities seeking to treat such individuals as commodities rather than people in need of treatment.

In fact, in far too many instances, these homes and providers offered no treatment at all. In other instances, where treatment is offered, it is only provided to increase the provider's profits. In the worst instances, these rogue providers go so far as to help individuals stop their illicit use of opioids for the duration of their insurance limit for a given treatment service, only to supply opioids to these same individuals after they are released so they can relapse and their insurance once again can be milked for the duration of the benefit limit.

Such providers are not only harmful to patients trying to stop their illicit use of opioids and enter recovery, this substandard treatment also costs many individuals their lives.

Mr. Speaker, our investigation also has revealed that individuals with opioid use disorder and their families are particularly susceptible to such schemes, because there is not adequate information available to help them determine whether a facility is a quality provider of recovery housing or to detect the fraudulent intent of such actors. Many rely on bad information obtained through internet searches or questionable referrals from individuals who are actually patient brokers and paid to deliver patients to the highest bidding sober home or treatment provider.

The bill before us, the Ensuring Access to Quality Sober Living Act, aims to prevent the often tragic consequences of the patient brokering schemes that send individuals to low-quality sober homes and treatment providers.

I want to thank Ms. CHU for all she has done to move this bill. This legislation requires Health and Human Services, in coordination with the Department of Housing and Urban Development, and with stakeholders, to establish best practices that will aid States in establishing standards for the recovery houses, help recovery housing providers in establishing and maintaining housing that meets the highest quality

of service delivery, and help individuals and their families identify what to look for in a quality provider of recovery housing.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

The SPEAKER pro tempore. Without objection, the gentleman from Texas will control the remainder of the time for the majority.

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, we heard about this issue in both the Health Subcommittee that I chair as well as the Oversight and Investigations Subcommittee on Energy and Commerce chaired by Mr. GREGG HARPER.

We had a roundtable of family members who had lost family due to the opioid crisis. They spoke very eloquently about this issue. Two in particular stand out, Gail Smith and Lisa Daniels, both mothers who had lost sons to the opioid crisis. Both sons had been brokered into recovery homes that really didn't have their best interests at heart and ultimately succumbed to their disease of addiction.

This is significantly important legislation. I obviously encourage all of my colleagues to be supportive.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. JUDY CHU), the sponsor of the legislation.

Ms. JUDY CHU of California. Mr. Speaker, I rise today to urge support for H.R. 4684, the Ensuring Access to Quality Sober Living Act.

As we work to address our Nation's opioid crisis, it is important that we address recovery, in addition to treatment and prevention. Addiction is a lifelong condition. After seeking treatment, individuals suffering from addiction need stable living environments, mental health services, and peer support to maintain their sobriety. Recovery is what this bill seeks to address.

I introduced this bill because of my constituent, Ryan Hampton. Ryan was once a promising White House intern who was succeeding in college and who had his whole life ahead of him. But in his early twenties, he broke his knee hiking and was prescribed opiates for the pain. He soon became dependent on prescription drugs. He was labeled a drug seeker and was discharged from medical care.

Unfortunately, this did nothing to address his addiction. Without seeing any other options, he turned to heroin. Within a few months, Ryan was homeless and living on the streets. It wasn't until after he overdosed that Ryan got the help he needed.

After he recovered, Ryan eventually was able to be in a treatment center. He told me that he considered himself one of the lucky ones. By the time I met Ryan, he was a year and a half

sober and an active advocate for the recovery community. He used his second chance to speak on behalf of others battling this devastating addiction—people like his friend, Tyler. Tyler was living in a sober living home, or a recovery residence, when he died of a heroin overdose.

Sober homes are great a resource for those newly out of treatment. They provide a safe and stable living environment to help people transition back into their lives without addiction. Sober homes have an added responsibility because the risk of overdose for those individuals can be the highest while in recovery.

Unfortunately, some sober homes can be unequipped to handle at-risk patients or do not employ staff with specialty training for individuals in recovery. Sadly, some of these facilities are bad actors that do not encourage recovery, but exploit vulnerable individuals recently released from treatment in order to collect insurance payments.

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For example, Tyler's home didn't have naloxone on site, which is a drug that can counteract an overdose. Outraged and heartbroken, Ryan came to me to seek a solution. People like Tyler, who do everything right to get themselves sober, should know that they can trust the sober living homes and others on whom they rely for support.

Together, we worked on a bill that I introduced to create best practices as well as standards for sober living facilities. I cannot express my pride enough when, just a few years after addiction forced him onto the streets, Ryan appeared before Congress this spring to testify in front of the Energy and Commerce Subcommittee on Health to share his story and to encourage investment in recovery the way that we are investing in prevention and treatment.

That is exactly what H.R. 4684 would do. It would allow the Department of Health and Human Services to establish a set of best practices that sober homes could adopt so that individuals in treatment and their families can help differentiate the bad actors from the good. These benchmarks would take into account existing standards developed by the National Alliance for Recovery Residences, such as requiring that all fees and charges be explained to residents and that naloxone be available and accessible for use in emergency. As Ryan said in his congressional testimony, not having naloxone on hand is like not having lifeboats on a ship.

H.R. 4684 would also provide technical assistance to States that wish to adopt or implement these standards so that the recovery community has the support it needs.

Unfortunately, Tyler's story is not unique. I have heard from advocates in Arizona, Pennsylvania, Missouri, Ohio, and countless others who are concerned

for their friends and neighbors living in unregulated sober living facilities. That is why I am so thrilled to have H.R. 4684 on the floor here today. We need to stand behind those who have done the difficult task of seeking and completing treatment and ensure that the homes in which they live are able to meet their needs.

I would like to thank Representatives RUIZ, WALTERS, and BILIRAKIS for joining me as original cosponsors of this bill and for supporting it during their work on the Energy and Commerce Committee.

Mr. Speaker, I urge my colleagues to support this bill.

Mr. BURGESS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Mrs. MIMI WALTERS), a valuable member of the Energy and Commerce Committee and cosponsor of the bill before us.

Mrs. MIMI WALTERS of California. Mr. Speaker, I rise today in support of H.R. 4684, the Ensuring Access to Quality Sober Living Act.

Mr. Speaker, as the opioid epidemic grows, so does the need for legitimate addiction treatment facilities. Southern California is home to more than 1,100 licensed facilities and countless unlicensed sober living homes, many of which have engaged in activities that exploit patients and endanger communities. Some facilities engage in patient brokering while others fail to treat the underlying cause of addiction, putting patients at risk of relapse.

Mr. Speaker, the Ensuring Access to Quality Sober Living Act would require the Department of Health and Human Services to establish best practices for sober living homes to ensure patients receive high-quality care. This bill would put an end to fraudulent behavior and unethical practices conducted by some sober living homes while helping those struggling with addiction rebuild and reclaim their lives.

I thank my fellow Californian, Congresswoman CHU, for her work on this important issue, and I urge my colleagues to support this legislation.

Mr. PALLONE. Mr. Speaker, I have no additional speakers.

Mr. Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I urge support, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I rise in support of H.R. 4684, the Ensuring Access to Quality Sober Living Act.

Patient brokering is and continues to be an issue in Florida and across our nation. In light of the Nation's opioid crisis, an increased demand for recovery from substance use disorder has sadly attracted bad actors into the recovery space in order to make a quick buck by taking advantage of patients and families in crisis.

Currently, regulations for addiction recovery providers vary from state-to-state and are virtually non-existent in some states. As a result, patients and families are unable to confidently identify quality sober living environments.

Upon learning that various mental health and substance use disorder facilities were making payments to individuals for the referral of patients identified in Alcoholics Anonymous meetings, homeless shelters, and other similar environments, Florida's legislature passed The Patient Brokering Act to prevent it by making the perverse practice a third-degree felony punishable by up to 5 years in prison. However, monitoring and enforcement continue to pose a challenge.

As communities and states, like Florida, crack down, these parasites simply relocate, rebrand, and victimize a new community—leaving broken patients and families searching for quality recovery in their wake. Unfortunately, the lack of and adherence to an industry-wide standard in the addiction recovery space has led to the industry becoming an incubator for fraud, waste, and abusive practices.

Law enforcement cannot solve this problem alone. It is vital that we work in a bipartisan manner to address laws and regulations, or lack thereof, which exacerbates this national crisis. H.R. 4684, the Ensuring Access to Quality Sober Living Act does just that. H.R. 4684 authorizes the Substance Abuse and Mental Health Services Administration to develop best practices for sober living facilities in addition to providing technical assistance and support to states providing renewed confidence to families whose loved ones are in recovery in sober homes across this country.

Mr. Speaker, in crafting the opioid legislation that the House will be considering this week, Members of the Energy and Commerce Committee took the time to hear directly from those who have lost loved ones to this crisis. H.R. 4684 represents an important step in addressing concerns voiced by these courageous advocates.

Ryan Hampton's testimony reminds us that no one should have to learn their friend died of an overdose in a sober living facility due to a lack of basic operational training.

Lisa Daniels' and Gail Smith's testimony reminds us that no one should lose a child and learn later that their child was a victim of patient brokering and only ended up in a substandard recovery facility due to criminal business practices.

I urge my colleagues to support this critical, common-sense bill to improve patient safety in sober homes across our country.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 4684, the Ensuring Access to Quality Sober Living Act of 2018.

Opioid abuse has become a public health crisis with devastating consequences, including; overdoses, rising incidence of neonatal abstinence syndrome, homelessness, and unemployment.

H.R. 4684 ensures that the Substance Abuse and Mental Health Service Administration has the resources to provide the best practices for operating recovery houses and to distribute the information to states, and to provide technical assistance to states seeking to adopt such practices.

It is undeniable that, to ensure their path to recovery, victims of substance abuse are in need of proper recovery housing that is free from alcohol and drug use.

People suffering from addiction are in dire need of healthy living environments to ensure a successful transition.

Recovering addicts coming from an environment that does not provide the proper assist-

ance, face many challenges and problems when they later reenter society.

Every day, over 115 Americans die after overdosing on opioids, with more than 64,000 deaths reported in the year 2016.

In 2015, 2,588 opioid overdose related deaths were reported in my home state of Texas with Harris County accounting for 318 of those deaths.

It has been reported that 91 percent of victims in recovery will experience a relapse, 59 percent of those will experience a relapse within the first two weeks of sobriety, and 80 percent within a month after discharging from a detox facility.

H.R. 4684 will not only provide addicts with qualified recovery homes but healthy family oriented settings.

Medical research suggests that recovery residences should be structured like a family home, a community living environment which is centered on peer support and connection to services.

These provisions of the bill will provide victims of opioid addiction with much needed guidance.

I urge my colleagues to join me in supporting H.R. 4684 to show their support in this extremely critical moment in time and ensure that those who have fallen victim to the opioid epidemic are provided with qualified recovery housing.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 4684, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to direct the Secretary of Health and Human Services to identify or facilitate the development of best practices for operating recovery housing, and for other purposes."

A motion to reconsider was laid on the table.

#### ADVANCING CUTTING EDGE RESEARCH ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5002) to expand the unique research initiatives authority of the National Institutes of Health.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5002

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Advancing Cutting Edge Research Act" or the "ACE Research Act".

#### SEC. 2. UNIQUE RESEARCH INITIATIVES.

Section 402(n)(1) of the Public Health Service Act (42 U.S.C. 282(n)(1)) is amended—

- (1) in subparagraph (A), by striking "or";
- (2) in subparagraph (B), by striking the period and inserting "or"; and
- (3) by adding at the end the following:



“(C) high impact cutting-edge research that fosters scientific creativity and increases fundamental biological understanding leading to the prevention, diagnosis, or treatment of diseases and disorders, or research urgently required to respond to a public health threat.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

#### GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I rise to express my support for H.R. 5002, the Advancing Cutting Edge Research Act.

This important bill gives the National Institutes of Health a critical tool to help combat the opiate crisis by giving the National Institutes of Health director more flexibility to conduct innovative research and to spur urgently needed research on new, non-addictive pain medications.

By providing these authorities, the National Institutes of Health will be able to more easily partner with innovative companies with cutting-edge technology to address the opiate crisis and other public health threats.

I do want to thank colleagues from Michigan, Representatives DINGELL and former Chairman FRED UPTON, for leading this important initiative.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5002, the Advancing Cutting Edge, or ACE, Research Act.

This bill would grant NIH other transactions authority that allows NIH flexibility in entering into agreements for cutting-edge research that can lead to increased understanding of prevention, diagnosis, or treatment of diseases or disorders, including substance use disorder, as well as research that is urgently needed to respond to a public health threat, such as the opioid crisis.

I urge my colleagues to support this legislation.

Mr. Speaker, I commend Representative DINGELL for her leadership on this bill, and I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield such time as he may consume to the gentleman from Michigan (Mr. UPTON), the principal author on the bill.

Mr. UPTON. Mr. Speaker, I rise today in support of this bipartisan bill and in strong support of our continued

efforts to combat this terrible opioid epidemic that has ravaged virtually every community across the country and so many families as well.

We all know someone who is impacted and affected by this epidemic, and certainly my corner of the State is no different than any other part of the country. We are struggling.

There have been real bipartisan efforts, wins, in recent years, to address the problem. CARA, as Chairman WALDEN said a little bit earlier, as part of 21st Century Cures, provided billions of dollars for communities across the country and is delivering real results to those who are suffering. Clearly, more work is demanded and remains.

This bill, the ACE Research Act, is part of that work. It is a bipartisan bill that I have had the pleasure to work on with my good colleague and friend from Michigan, DEBBIE DINGELL. It is a balanced bill that better allows the National Institutes of Health to partner with innovative companies doing cutting-edge research to get nonaddictive pain medication to those in need. That is what this bill does. It is essential in combating the opioid epidemic.

During the hearings that we held in the Energy and Commerce Committee, Francis Collins, the director of the NIH, requested that the NIH be given more flexibility to pursue these new avenues. I know that my colleague DEBBIE DINGELL and I both had dinner last week with Francis Collins, and he was very excited to hear that it was scheduled for the House floor today. We look forward to its passage.

The advances in innovation can offer real hope to those who are suffering. Folks in Michigan and across the country are counting on the power of innovation to help us solve the opioid crisis. Let's give them what they deserve and pass this legislation. I look forward to getting it to the President's desk.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Michigan (Mrs. DINGELL).

Mrs. DINGELL. Mr. Speaker, I thank Ranking Member PALLONE for yielding and thank both Chairman WALDEN and Chairman BURGESS for their leadership in bringing this bill to the floor.

Mr. Speaker, I rise in support of my legislation, H.R. 5002, the ACE Research Act, which I am proud to author with my dear friend and colleague from Michigan, FRED UPTON.

I have lived on all sides of the opioid epidemic. My father was addicted to opioids before anyone knew what it was or before anybody talked about it. My sister died of a drug overdose. My husband lives in chronic pain, and because there are no alternative drugs that are safe for him to take, he requires opioids for his debilitating pain.

We cannot let the pendulum swing too far in either direction, and we need to find medication for those who need it. Mr. Speaker, 25 million Americans suffer from pain every single day.

While pain may not be the fifth vital sign, it is still a major issue that needs to be addressed in modern medicine.

We cannot stigmatize people who legitimately suffer from real pain. That will only make the opioid epidemic worse.

If you have lived with someone in chronic pain like I have, you know how complicated this is. People in chronic pain are being stigmatized now for seeking treatment that will allow them to live a decent life. People are coming up to me with metastatic cancer, concerned that they are not going to be able to get medicine to take care of their pain.

Unfortunately, here is a reality none of us talk about: Nonopioid pain medicines, like Tylenol or Motrin, come with serious side effects, especially for those who take them every day.

One thing on which we can all agree is that we need more alternatives to opioids in this country. This way, we can give people the relief that they need from crippling pain while not subjecting them to the risk of addiction.

This is going to require a lot of work and a lot of research to accomplish, which is why it is so essential that this work begin now. The ACE Research Act accomplishes this goal by spurring innovative research into nonopioid pain medications at NIH, which will ultimately lead to the next big breakthrough and bring benefits to patients.

This bill gives the NIH director what is known as Other Transaction Authority, so the NIH will be able to more easily partner with innovative companies who are working with cutting-edge technology to address the opioid drug crisis and other public health threats.

In congressional testimony earlier this year, NIH Director Francis Collins said that giving the agency this authority would improve their ability to do the research into nonopioid drug alternatives. We heard that, and that is what we are trying to do today. It is what we are delivering on.

There are so many people focused on the opioid epidemic these days, but many small startup companies are hesitant to partner with the Federal Government on research because the terms of a grant or a contract are too rigid and no other options are available to them.

The ACE Research Act will ensure that NIH is able to partner with real innovators on research. You never know where that next breakthrough might lie, and this bill will ensure that we leave no stone uncovered. By funding research on new treatments quicker, we are ensuring that we are going to reach patients faster.

A future with more effective nonopioid, nonaddictive drugs is a future that we all want. That is something on which we all agree.

I want to thank my friend and colleague, FRED UPTON, for working with me on this. This is a first step toward ensuring we are doing the best research in the country on alternatives to



opioids for pain medication. I also want to thank our chairman and our ranking member, and all the members, for making today the first step.

I know too well what the pain is across this country, and what we are doing today is a beginning. We need to work together in a bipartisan way to address what is hurting families across this country.

Mr. Speaker, I urge my colleagues to join me in supporting H.R. 5002.

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Mr. BURGESS. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I want to wholeheartedly agree with the comments we just heard from the gentlewoman from Michigan. It is imperative that we guard against the pendulum swinging too far in either direction.

One of the very first hearings I attended as the newest member of the Energy and Commerce Subcommittee on Health in 2005 was a hearing on why doctors do not prescribe adequate pain relief for their patients who are in pain.

Now we fast-forward today, to the significant number of drug overdose deaths, many of those attributed to opiates that this country has seen in the past several years, and, clearly, it is important that the committee do something. It is important that in doing something, we do not further damage those people who are stable and depending upon a pain medication regimen that works for them. But going forward, we need to find, if we can, a way out of this predicament in the future for future patients.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no additional speakers.

I would urge support for this legislation, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I urge support of the legislation, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5002, the ACE Research Act.

It is undeniable that more money, resources, and research needs to go into solving the many addictions, diseases, and disorders that face our society today.

H.R. 5002 amends the Public Health Service Act by augmenting the National Institutes of Health's research initiatives, by introducing more critical research that will strengthen the understanding and yield cures to the myriad of health problems that are facing Americans today.

The ACE Research Act will provide the National Institutes of Health with the necessary authority, resources and support it needs to further research and increase the fundamental biological understanding of the prevention, diagnosis, and treatment of diseases and disorders.

Additionally, the research initiatives undertaken by the National Institutes of Health may be supported through transactions other than contracts, grants, or cooperative agreements under the ACE Research Act.

The ACE Research Act will provide the National Institutes of Health with the measures to implement high impact, cutting-edge research necessary to combat public health threats.

Further, the National Institutes of Health will be able to partner with companies that have the technology and resources to administer this cutting-edge research.

National Institutes of Health conducts tremendous, groundbreaking research that investigates the causes and remedies of diseases, addictions, ailments, and other public health areas for all people.

Moreover, the National Institutes of Health is the leading government agency that is responsible for essential public health and biomedical research, which helps Americans combat the health concerns that arise daily.

The ACE Research Act will support the National Institutes of Health's research initiatives in finding cures to the growing opioid addiction in America today.

Opioid addiction, which includes the overuse of illicit and prescription drugs, is taking the lives of Americans across our nation each day.

A Centers for Disease Control and Prevention (CDC) report cited 63,632 drug overdose deaths in 2016 in America, 42,249 of which were related to opioid overdoses.

In 2016, there were 1,375 opioid-related overdose deaths in Texas, according to the National Institute on Drug Abuse.

In the city of Houston, there were 364 drug-related overdose deaths alone that happened in 2016 according to the Treatment Center, a highly respected drug and alcohol addiction treatment service center.

Therefore, it is vital that research is done concerning drug abuse and addictions, as it has been a long-term problem in our society.

According to the American Society of Addiction Medicine, addiction is "a primary, chronic disease of brain reward, motivation, memory and related circuitry."

Addiction is not a choice, a moral feeling, or a lack of will-power; it is a disease of the brain that requires proper treatment.

Addiction is a longstanding mental and physical illness that many Americans are facing today, leading to their lives being compromised, and in some cases even leading to their death.

The National Institutes of Health (NIH) is overseeing important research to respond to this epidemic, and this bill responds favorably to its request for more flexibility in conducting research on treatments for opioid addiction and other disease areas.

This research may lead to scientific advances that may find solutions to the opioid crisis, as well as solutions to other addictions and public health threats.

I urge my colleagues to join me in supporting H.R. 5002, which will expand the National Institutes of Health's research initiatives to include valuable research that will address the multitude of health concerns facing Americans today.

The SPEAKER pro tempore (Mr. WALBERG). The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 5002.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

# MEDICAID INSTITUTES FOR MENTAL DISEASE ARE DECISIVE IN DELIVERING INPATIENT TREATMENT FOR INDIVIDUALS BUT OPPORTUNITIES FOR NEEDED ACCESS ARE LIMITED WITHOUT INFORMATION NEEDED ABOUT FACILITY OBLIGATIONS ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5800) to require the Medicaid and CHIP Payment and Access Commission to conduct an exploratory study and report on requirements applicable to and practices of institutions for mental diseases under the Medicaid program.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5800

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

## SECTION 1. SHORT TITLE.

This Act may be cited as the "Medicaid Institutes for Mental Disease Are Decisive in Delivering Inpatient Treatment for Individuals but Opportunities for Needed Access are Limited without Information Needed about Facility Obligations Act" or the "Medicaid IMD ADDITIONAL INFO Act".

## SEC. 2. MACPAC EXPLORATORY STUDY AND REPORT ON INSTITUTIONS FOR MENTAL DISEASES REQUIREMENTS AND PRACTICES UNDER MEDICAID.

(a) IN GENERAL.—Not later than January 1, 2020, the Medicaid and CHIP Payment and Access Commission established under section 1900 of the Social Security Act (42 U.S.C. 1396) shall conduct an exploratory study, using data from a representative sample of States, and submit to Congress a report on at least the following information, with respect to services furnished to individuals enrolled under State plans under the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.) (or waivers of such plans) who are patients in institutions for mental diseases and for which payment is made through fee-for-service or managed care arrangements under such State plans (or waivers):

(1) A description of such institutions for mental diseases in each such State, including at a minimum—

(A) the number of such institutions in the State;

(B) the facility type of such institutions in the State; and

(C) any coverage limitations under each such State plan (or waiver) on scope, duration, or frequency of such services.

(2) With respect to each such institution for mental diseases in each such State, a description of—

(A) such services provided at such institution;

(B) the process, including any timeframe, used by such institution to clinically assess and reassess such individuals; and

(C) the discharge process used by such institution, including any care continuum of relevant services or facilities provided or used in such process.

(3) A description of—

(A) any Federal waiver that each such State has for such institutions and the Federal statutory authority for such waiver; and

(B) any other Medicaid funding sources used by each such State for funding such institutions, such as supplemental payments.

(4) A summary of State requirements (such as certification, licensure, and accreditation) applied by each such State to such institutions in order for such institutions to receive payment under the State plan (or waiver) and how each such State determines if such requirements have been met.

(5) A summary of State standards (such as quality standards, clinical standards, and facility standards) that such institutions must meet to receive payment under such State plans (or waivers) and how each such State determines if such standards have been met.

(6) Recommendations for actions by Congress and the Centers for Medicare & Medicaid Services, such as how State Medicaid programs may improve care and improve standards and including a recommendation for how the Centers for Medicare & Medicaid Services can improve data collection from such programs to address any gaps in information.

(b) **STAKEHOLDER INPUT.**—In carrying out subsection (a), the Medicaid and CHIP Payment and Access Commission shall seek input from State Medicaid directors and stakeholders, including at a minimum the Substance Abuse and Mental Health Services Administration, Centers for Medicare & Medicaid Services, State Medicaid officials, State mental health authorities, Medicaid beneficiary advocates, health care providers, and Medicaid managed care organizations.

(c) **DEFINITIONS.**—In this section:

(1) **REPRESENTATIVE SAMPLE OF STATES.**—The term “representative sample of States” means a non-probability sample in which at least two States are selected based on the knowledge and professional judgment of the selector.

(2) **STATE.**—The term “State” means each of the 50 States, the District of Columbia, and any commonwealth or territory of the United States.

(3) **INSTITUTION FOR MENTAL DISEASES.**—The term “institution for mental diseases” has the meaning given such term in section 435.1009 of title 42, Code of Federal Regulations, or any successor regulation.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. **WALDEN**) and the gentleman from New Jersey (Mr. **PALLONE**) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. **WALDEN**. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous materials in the **RECORD** on the bill.

The **SPEAKER** pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. **WALDEN**. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this bill, sponsored by my colleagues, Representatives **UPTON**, **WALTERS**, **BLACKBURN**, and myself, requires the Medicaid and CHIP Payment and Access Commission, known as **MACPAC**, to submit to Congress by January 1, 2020, a report about the services furnished to Medicaid enrollees who are patients in an **IMD**, that is, an institute of mental disease.

As we know, an **IMD** is a facility of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental

diseases, including treatment for individuals with substance use disorder.

Now, since the 1960s, Medicaid's **IMD** exclusion has limited the circumstances under which Federal Medicaid matching funds are available for inpatient mental healthcare. This means that Medicaid beneficiaries with mental health or substance use disorders are statutorily barred from receiving care in an **IMD**.

While Medicaid has the **IMD** exclusion, there is great need for this care. According to SAMHSA's 2014 National Survey on Drug Use and Health, about 8 million people—8 million, Mr. Speaker—had a mental disorder and a substance use disorder, also known as co-occurring mental and substance use disorders.

So where do Medicaid beneficiaries get the inpatient care they need? That is the question.

First, States can provide Medicaid coverage for services rendered in facilities that do not meet the definition of an **IMD**, such as facilities with 16 or fewer beds, and facilities that are not primarily engaged in providing care to individuals with mental diseases.

Second, States can get a waiver to allow for **IMD** services to be reimbursed. However, as we all know, waivers take a lot of time, and not all States have them.

So because of these complications, there is a great variation, and, frankly, little information on **IMD** services. That information is limited to one GAO report about types of institutional care.

The goal of this legislation is to better help Congress and CMS understand how current Medicaid dollars are being used to provide care for patients with substance use disorder and mental health disease in an **IMD**. This bill seeks to identify gaps in our knowledge about **IMDs** and leverage **MACPAC**'s research capabilities to help address these gaps.

Given the broad bipartisan interest in ensuring patients have access to the full continuum of care, we want to ensure Congress and CMS understand how Medicaid dollars for services are being used, whether that is under a waiver, under managed care, or under fee-for-service Medicaid.

Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. **UPTON**), the former chairman of the full committee, the chairman of the Energy Subcommittee, who was very instrumental in this legislation.

Mr. **UPTON**. Mr. Speaker, I thank the chairman for the time, and I will be short.

This bill is important. It is bipartisan, and it ensures that patients will have access to the full continuum of care.

It is important to make sure that Congress and CMS understand how those dollars for Medicaid are being used. Whether that is under a waiver, whether it is under managed care, under fee for service, the goal of this

legislation is to identify those gaps in our knowledge and to leverage **MACPAC**'s research capabilities to address those gaps for the betterment of patients not only in Michigan but, obviously, around the country.

So this simply requires that Medicaid and CHIP Payment and Access Commission submit to Congress a report on the information about services furnished to Medicaid enrollees who are patients in an institute of mental disease, **IMD**, including standards that they must follow, including quality standards and recommendations how they can include the data collection for **IMDs**. This is going to be better for everybody, which is one of the reasons why it should have no opposition.

I appreciate the leadership of **MIKE BURGESS**, the chair of the Health Subcommittee, and Chairman **WALDEN**, and our friends on the other side of the aisle who, again, worked with us to make sure that this could be a reality this afternoon.

I urge all of my colleagues to vote for this bill.

Mr. **PALLONE**. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to speak on H.R. 5800, the Medicaid Institutions of Mental Disease **ADDITIONAL INFO** Act.

This bill would require the Medicaid and CHIP Payment and Access Commission to conduct a comparative study to assess **IMD** quality in States and issue a report on requirements applicable to and practices of institutions for mental disease under the Medicaid program.

We know that nearly half of all States already have or have applied for 1,115 waivers that allow for **IMD** services to be provided to patients with substance use disorder. Additional States provide **IMD** services already to patients in Medicaid through their managed care programs.

It is important to understand the overall quality of institutions of mental disease that exists throughout the country. This cannot be accomplished without data on our current **IMDs**.

The study will include information on how many institutions for mental disease are within States, coverage limitations, services they provide, whether States have a waiver to provide such coverage through Medicaid, and funding involved with such institutions. Additionally, this study will seek recommendations on how State Medicaid programs can provide the standards of care provided by **IMDs**.

Additional data is obviously a good goal, particularly on **IMD** coverage, given the controversy surrounding this issue, and so I support this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. **WALDEN**. Mr. Speaker, I don't believe I have any other speakers on this legislation, so I would urge its passage.

Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would also urge my colleagues to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5800.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

### JESSIE'S LAW

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5009) to include information concerning a patient's opioid addiction in certain medical records, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5009

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as "Jessie's Law".

#### SEC. 2. INCLUSION OF OPIOID ADDICTION HISTORY IN PATIENT RECORDS.

##### (a) BEST PRACTICES.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with appropriate stakeholders, including a patient with a history of opioid use disorder, an expert in electronic health records, an expert in the confidentiality of patient health information and records, and a health care provider, shall identify or facilitate the development of best practices regarding—

(A) the circumstances under which information that a patient has provided to a health care provider regarding such patient's history of opioid use disorder should, only at the patient's request, be prominently displayed in the medical records (including electronic health records) of such patient;

(B) what constitutes the patient's request for the purpose described in subparagraph (A); and

(C) the process and methods by which the information should be so displayed.

(2) DISSEMINATION.—The Secretary shall disseminate the best practices developed under paragraph (1) to health care providers and State agencies.

(b) REQUIREMENTS.—In identifying or facilitating the development of best practices under subsection (a), as applicable, the Secretary, in consultation with appropriate stakeholders, shall consider the following:

(1) The potential for addiction relapse or overdose, including overdose death, when opioid medications are prescribed to a patient recovering from opioid use disorder.

(2) The benefits of displaying information about a patient's opioid use disorder history in a manner similar to other potentially lethal medical concerns, including drug allergies and contraindications.

(3) The importance of prominently displaying information about a patient's opioid use disorder when a physician or medical professional is prescribing medication, including methods for avoiding alert fatigue in providers.

(4) The importance of a variety of appropriate medical professionals, including phy-

sicians, nurses, and pharmacists, to have access to information described in this section when prescribing or dispensing opioid medication, consistent with Federal and State laws and regulations.

(5) The importance of protecting patient privacy, including the requirements related to consent for disclosure of substance use disorder information under all applicable laws and regulations.

(6) All applicable Federal and State laws and regulations.

#### SEC. 3. COMMUNICATION WITH FAMILIES DURING EMERGENCIES.

(a) PROMOTING AWARENESS OF AUTHORIZED DISCLOSURES DURING EMERGENCIES.—The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services and the Administrator of the Health Resources and Services Administration, shall annually develop and disseminate written materials (electronically or by other means) to health care providers regarding permitted disclosures under Federal health care privacy law during emergencies, including overdoses, of certain health information to families, caregivers, and health care providers.

(b) USE OF MATERIAL.—For the purposes of carrying out subsection (a), the Secretary of Health and Human Services may use material produced under section 11004 of the 21st Century Cures Act (42 U.S.C. 1320d-2 note).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support for H.R. 5009. This is known as Jessie's Law, and it is written in memory of Michigan resident Jessie Grubb, who tragically died of an opioid overdose in 2016.

This legislation will help ensure medical professionals have access to a consenting patient's complete health information when making treatment decisions. This is critical to ensure that mistakes, such as the one that tragically happened to Jessie Grubb, never, ever happen again.

This bill also incorporates the language of H.R. 5695, known as Emmett's Law, which would require the Department of Health and Human Services to develop best practices for healthcare providers on permitted disclosures of medical records during emergencies with families, caregivers, and other healthcare providers.

I thank my colleagues from Michigan, Representatives TIM WALBERG and DEBBIE DINGELL, for leading this important initiative, along with the col-

laboration and support of Representatives EVAN JENKINS, CAROL SHEA-POR-TER, TOM MACARTHUR, VICKY HARTZLER, BOB LATTI, and DAVID MCKINLEY. They have all put a lot of time and effort into this to solve a problem many of us have encountered in our States and our districts.

Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. WALBERG), an author of this incredibly important piece of legislation.

Mr. WALBERG. Mr. Speaker, I thank the chairman for yielding, and I thank Congresswoman DEBBIE DINGELL for working with me on this bipartisan legislation.

Mr. Speaker, I rise in support of H.R. 5009, Jessie's Law.

Everywhere I go in Michigan, I hear about the opioid crisis. It truly is the crisis next door. For many of our friends and loved ones, the terrifying realities of addiction are difficult to escape.

The story behind Jessie's Law is a tragic one. The bill is named in memory of Jessie Grubb, a young woman living in Michigan at the time she died of an opioid overdose. Jessie was training for a marathon when a running injury required her to undergo surgery.

Before the procedure, Jessie and her parents informed the hospital that she was in recovery from addiction; however, that information never made it to her discharging physician. Jessie was unknowingly discharged from the hospital with a prescription for oxycodone, which ultimately led to her death. If Jessie's history of addiction had been noted on her chart in a manner similar to other potentially lethal medical concerns, like a drug allergy, Jessie might still be here today.

Jessie's tragic story was entirely preventable and is an example of why we need commonsense legislation like Jessie's Law.

Jessie's Law will require the Department of Health and Human Services to establish best practices for hospitals and physicians for sharing information about a patient's past opioid addiction when that information is willingly shared by the patients with their doctor. By ensuring medical professionals are equipped with the right processes and tools to safely treat their patients, we can prevent future overdose tragedies like Jessie's.

Mr. Speaker, the opioid crisis is devastating the dreams of a generation. Let's pass Jessie's Law today and help save lives in our communities.

□ 1530

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5009.

Mr. Speaker, I support H.R. 5009.

As we know, opioid use is a disorder is a medical condition that requires lifelong management. Even if someone has completed treatment successfully and is in long-term recovery, the risk of relapse remains.

A patient recovering from opioid use disorder may visit a healthcare provider or require medical interventions that typically result in the need to treat pain.

However, for those affected with opioid use disorder, a prescription of an opioid medication could cause individuals to relapse into misuse and lead to an overdose or even death.

H.R. 5009, Jessie's Law, is bipartisan legislation introduced by Rep. WALBERG (R-MI) and Rep. DINGELL (D-MI) that would require the Department of Health and Human Services (HHS) to convene appropriate stakeholders and develop best practices for displaying opioid use disorder history prominently on a patient's medical records, whenever requested by a patient.

This legislation would enable patients suffering from opioid use disorder to choose to share their history with opioids with healthcare providers and have that information prominently displayed in their medical record—allowing for better informed, safer pain management care.

This legislation would also require HHS to annually develop and disseminate written materials to health care providers regarding permitted disclosures of certain information to families, caregivers, and health care providers under Federal health care privacy laws during emergencies.

This will improve the awareness of providers of instances in which they may share information about a patient's overdose with their family.

I urge my colleagues to support this legislation.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Michigan (Mrs. DINGELL), one of the sponsors, Mrs. DINGELL.

Mrs. DINGELL. Mr. Speaker, I thank Ranking Member PALLONE for yielding to me, and I again want to thank Chairman WALDEN for bringing this bill to the floor.

Mr. Speaker, I rise in support of H.R. 5009, Jessie's Law, and I am very proud of the work that I have done with my colleague, TIM WALBERG, from Michigan. In Michigan, we are really trying to address this problem together.

This story is personal to me, as it is to Congressman WALBERG and my colleagues who have gotten to know Jessie's story. It has been a moving experience to be part of a process to pass this legislation in her honor.

In March 2016, we lost a brave, young woman named Jessie Grubb. She was a great student, a loving daughter, a sister, and an avid runner. She was, as has been noted, recovering from an opioid addiction issue. She moved to Michigan hoping for a reset and a better future.

When she had surgery for an infection related to a running injury, her parents came to take care of her and made it clear to the doctors at the hospital that she was a recovering addict and should not be prescribed opioids. As you have heard, she was discharged from the hospital with 50 oxycodone pills. Very soon after, she suffered from a fatal overdose.

The story of Jessie breaks your heart, mostly because this death was

preventable. We must ensure that doctors are notified when a patient has consented to sharing information related to an addiction.

Jessie's Law would require that the U.S. Department of Health and Human Services establish best practices for ensuring that medical professionals have full knowledge of their patient's opioid addiction if that patient gives consent.

This is absolutely essential. If a patient has given their consent that their history of substance abuse can be part of their medical record, then it should be displayed prominently. We don't know all of the facts of this case, but we do know that Jessie's parents did tell her doctor that she had a history of substance abuse, and yet they were prescribed anyway. We can't have this kind of information lost in the jumble of a medical record. If a patient consents, it needs to be prominently displayed.

Our legislation convenes a panel of stakeholders to make recommendations as to how to best achieve this change, including a patient with a history of opioid use disorder, an expert in electronic health records, an expert in the confidentiality of patient health information and records, and a healthcare provider.

Jessie's death was 100 percent preventable. And today, the House of Representatives is sending a strong message that her loss was not in vain and that no other family should ever have to go through what the Grubb family has gone through. This story is a real tragedy. Hopefully, passing Jessie's Law will bring hope to the Grubbs and others throughout this country.

This legislation represents a commonsense step that deserves our support, and I urge my colleagues to support Jessie's Law.

Mr. WALDEN. Mr. Speaker, I have no further speakers. I encourage my colleagues to support this legislation. I thank the Members from Michigan who brought it to our attention, and worked with the full Energy and Commerce Committee in bringing it to your disposal here on the floor.

Mr. Speaker, I urge passage, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also urge my colleagues to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. ROGERS of Kentucky). The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5009, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### SAFE DISPOSAL OF UNUSED MEDICATION ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 5041) to amend the Controlled Substances Act to authorize the employees of a hospice program to handle controlled substances in the residence of a deceased hospice patient to assist in disposal, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5041

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Safe Disposal of Unused Medication Act".

#### SEC. 2. DISPOSAL OF CONTROLLED SUBSTANCES OF A DECEASED HOSPICE PATIENT BY EMPLOYEES OF A QUALIFIED HOSPICE PROGRAM.

Subsection (g) of section 302 of the Controlled Substances Act (21 U.S.C. 822) is amended by adding at the end the following:

"(5)(A) In the case of a person receiving hospice care, an employee of a qualified hospice program, acting within the scope of employment, may handle, without being registered under this section, any controlled substance that was lawfully dispensed to the person receiving hospice care, for the purpose of disposal of the controlled substance after the death of such person, so long as such disposal occurs onsite in accordance with all applicable Federal, State, Tribal, and local law.

"(B) For the purposes of this paragraph:

"(i) The terms 'hospice care' and 'hospice program' have the meanings given to those terms in section 1861(dd) of the Social Security Act.

"(ii) The term 'employee of a qualified hospice program' means a physician, nurse, or other person who—

"(I) is employed by, or pursuant to arrangements made by, a qualified hospice program;

"(II)(aa) is licensed to perform medical or nursing services by the jurisdiction in which the person receiving hospice care was located; and

"(bb) is acting within the scope of such employment in accordance with applicable State law; and

"(III) has completed training through the qualified hospice program regarding the disposal of controlled substances in a secure and responsible manner so as to discourage abuse, misuse, or diversion.

"(iii) The term 'qualified hospice program' means a hospice program that—

"(I) has written policies and procedures for assisting in the disposal of the controlled substances of a person receiving hospice care after the person's death;

"(II) at the time when the controlled substances are first ordered—

"(aa) provides a copy of the written policies and procedures to the patient or patient representative and family;

"(bb) discusses the policies and procedures with the patient or representative and the family in a language and manner that they understand to ensure that these parties are educated regarding the safe disposal of controlled substances; and

"(cc) documents in the patient's clinical record that the written policies and procedures were provided and discussed; and

"(III) at the time following the disposal of the controlled substances—

"(aa) documents in the patient's clinical record the type of controlled substance, dosage, route of administration, and quantity so disposed; and

"(bb) the time, date, and manner in which that disposal occurred."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, one of the best ways we can fight the opioid crisis is by decreasing diversion of prescription drugs. This bill does just that, giving hospice employees new tools to dispose of unused medications on-site after a patient's death.

During the committee process, several thoughtful amendments were offered to perfect this language. For example, one clarified that the training will be conducted by the hospice program, not the Federal Government.

Another added a recordkeeping standard for hospice programs to maintain information within patients' clinical charts of the controlled substance dosage, number of pills, and the way it is disposed of.

And finally, a technical amendment incorporated comments from the DEA.

Of note, there is one final technical correction incorporated into the suspension document, which clarifies that hospice employees may handle these unused controlled substances. This specification, obviously, improves the bill.

In closing, Michigan Representative TIM WALBERG and Representative DEBBIE DINGELL should be commended for, once again, their bipartisan and thoughtful work on this legislation. They worked tirelessly to forge an inclusive process, incorporating input from people in Michigan, hospice groups across the country, the agencies who will oversee this program, and others. Even more, their staff showed real initiative and reason as we put this together.

Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. WALBERG), my colleague, to discuss this legislation.

Mr. WALBERG. Mr. Speaker, I thank the chairman for yielding.

Mr. Speaker, H.R. 5041, the Safe Disposal of Unused Medication Act is a bipartisan, commonsense bill that simply allows trained hospice personnel to dispose of unused medications in a patient's home once the patient has passed away.

For patients in hospice care, opioid medication can be effective in alleviating pain associated with the end-of-life care. Unfortunately, current DEA

regulations restrict visiting home hospice personnel from disposing of leftover medication after the patient has passed away. As a result, hospice staff must leave behind dangerous medications that have a high risk for diversion or misuse.

In my home State of Michigan, we have seen some real challenges with the diversion and misuse of leftover medications that have contributed to the opioid crisis.

Earlier this year, the Energy and Commerce Committee heard testimony that just one hospice, caring for 2,000 patients per year, might be leaving behind tens of thousands of pills in need of disposal each year. According to the Centers for Medicare and Medicaid Services, 1.4 million Medicare beneficiaries were enrolled in hospice care in 2016. This means hospice workers across the country are potentially leaving huge quantities of unused medication in a home after a patient's death.

Mr. Speaker, we must act to curb the diversion of these powerful prescriptions. We know that, tragically, many people begin the cycle of addiction through the misuse of prescription medication. Hospices and hospice personnel could play a key role in stopping that cycle before it begins by ensuring powerful drugs are disposed of in a responsible manner once they are no longer needed by the intended patient.

Mr. Speaker, I thank the chairman and the committee staff for all of their hard work in getting this commonsense bill on the floor today, as well as my good friends Representative DEBBIE DINGELL, who worked closely with me on this legislation, and Representative RICHARD HUDSON, as well, for their support on this important legislation.

Mr. Speaker, again, I urge my colleagues to support H.R. 5041.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5041, legislation offered by Representative WALBERG, Representative DINGELL, and Representative HUDSON, that will allow hospice workers to safely dispose of controlled substances, thereby reducing the number of unused controlled substances that are at risk of diversion or misuse.

Mr. Speaker, I rise in support of H.R. 5041, legislation offered by Representatives WALBERG, DINGELL, and HUDSON that will allow hospice workers to safely dispose of controlled substances, thereby reducing the number of unused controlled substances that are at risk of diversion or misuse.

The diversion of unused prescription opioids is one of the major contributors to the opioid crisis facing our country. It has been estimated that around 70 percent of those who abuse opioids receive them from a friend or family, making it critical that strategies be put in place that will limit the ability for leftover controlled substances to fall into the wrong hands.

Current regulations prevent hospice personnel from handling or destroying controlled substances following a patient's passing unless a state or locality allows them to do so

under law. As a result, hospice workers have no choice but to leave behind controlled substances that may be at risk for abuse or misuse by those who were never intended to have access to such medications. H.R. 5041 would clarify that hospice workers would have the authority to handle controlled substances for purposes of disposal following a patient's passing.

H.R. 5041 also makes clear that hospice workers tasked with disposing of unneeded controlled substances receive training through a qualified hospice program on how to properly dispose of these substances to ensure they cannot be extracted for purposes of further abuse. In addition, the legislation would also require hospice personnel to keep records on the disposal of the controlled substance, including what controlled substances were destroyed, as well as the time and manner in which the disposal occurred.

I want to thank the sponsors of H.R. 5041, Representatives WALBERG, DINGELL, and HUDSON for their work on this legislation, as well as the National Association for Home Care & Hospice and the National Hospice and Palliative Care Organization for their support and thoughtful input.

Mr. Speaker, I urge Members to support this commonsense legislation, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I have no other speakers on this matter, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Michigan (Mrs. DINGELL).

Mrs. DINGELL. Mr. Speaker, I thank Ranking Member PALLONE for yielding.

Mr. Speaker, it is a good bipartisan day for Michigan right now. It shows you that when we want to work together, we can and do and are going to make a difference.

Mr. Speaker, I rise in support of H.R. 5041, the Safe Disposal of Unused Medication Act, which I am proud to sponsor with my colleague from Michigan (Mr. WALBERG). I thank him for all of his good, hard work on this issue as we have learned together about things that are happening.

Hospices perform an essential role in our healthcare system and we need to make every effort to support hospice employees, who do incredible work providing care and comfort in those final days of life. We need to make their jobs as easy as possible.

We also need to make sure that we are doing everything we can to stop opportunities for the diversion of opioids. This is essential if we are going to make a real impact in ending this epidemic, which is so devastating to families in every corner of our country.

This is an important bill, which achieves both goals of supporting hospices and stopping opportunities for diversion. The Safe Disposal of Unused Medication Act closes a critical gap in our laws that prohibits hospice employees from disposing of unused opioids after a patient has, unfortunately, passed away.

Right now, the way the law is, if a patient dies in hospice care and they

have a large vial of unused opioids, the family cannot get any help from the hospice staff to dispose of them. For the family, these are very difficult moments. They have just lost a loved one and they don't need any additional problems, like trying to figure out how to dispose of the unneeded opioids.

This bill amends the Controlled Substances Act to permit hospice employees to handle controlled substances in a patient's residence in order to assist in drug disposal upon a patient's death. This commonsense fix is a win for patients and their families, a win for hospice employees, and a win for public health efforts to crack down on this diversion.

If we continue to improve our efforts to dispose of unused opioids, like what we are doing in this legislation, then we will continue to ensure there are fewer opportunities for those pills to end up in the hands of those who abuse them. By passing this legislation, we can provide for the safe destruction of thousands, literally hundreds of thousands, of unused opioids that might end up otherwise on the street and feed the addiction of too many.

I am pleased, as has been noted, that it has the support of both the National Association for Home Care and Hospice, as well as the National Hospice and Palliative Care Organization.

Mr. Speaker, in closing, I, again, thank my friend and colleague, Mr. WALBERG, for his bipartisan work on this bill and other opioid issues, and I urge all Members to vote in favor of H.R. 5041.

Mr. WALDEN. Mr. Speaker, I have no other speakers on this matter. I urge my colleagues to support this legislation, and I yield back the balance of my time.

□ 1545

Mr. PALLONE. Mr. Speaker, I also urge my colleagues to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5041, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WALDEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

#### SUBSTANCE USE DISORDER WORKFORCE LOAN REPAYMENT ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5102) to amend the Public Health Service Act to authorize a loan repay-

ment program for substance use disorder treatment employees, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5102

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Substance Use Disorder Workforce Loan Repayment Act of 2018".

#### SEC. 2. LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE DISORDER TREATMENT EMPLOYEES.

Title VII of the Public Health Service Act is amended—

(1) by redesignating part F as part G; and  
(2) by inserting after part E (42 U.S.C. 294n et seq.) the following:

##### "PART F—SUBSTANCE USE DISORDER TREATMENT EMPLOYEES

##### "SEC. 781. LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE DISORDER TREATMENT EMPLOYEES.

"(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall carry out a program under which—

"(1) the Secretary enters into agreements with individuals to make payments in accordance with subsection (b) on the principal of and interest on any eligible loan; and

"(2) the individuals each agree to complete a period of service in a substance use disorder treatment job, as described in subsection (d).

"(b) PAYMENTS.—For each year of obligated service by an individual pursuant to an agreement under subsection (a), the Secretary shall make a payment to such individual as follows:

"(1) SERVICE IN A SHORTAGE AREA.—The Secretary shall pay—

"(A) for each year of obligated service by an individual pursuant to an agreement under subsection (a),  $\frac{1}{6}$  of the principal of and interest on each eligible loan of the individual which is outstanding on the date the individual began service pursuant to the agreement; and

"(B) for completion of the sixth and final year of such service, the remainder of such principal and interest.

"(2) MAXIMUM AMOUNT.—The total amount of payments under this section to any individual shall not exceed \$250,000.

"(c) ELIGIBLE LOANS.—The loans eligible for repayment under this section are each of the following:

"(1) Any loan for education or training for a substance use disorder treatment job.

"(2) Any loan under part E of title VIII (relating to nursing student loans).

"(3) Any Federal Direct Stafford Loan, Federal Direct PLUS Loan, or Federal Direct Unsubsidized Stafford Loan, or Federal Direct Consolidation Loan (as such terms are used in section 455 of the Higher Education Act of 1965).

"(4) Any Federal Perkins Loan under part E of title I of the Higher Education Act of 1965.

"(5) Any other Federal loan as determined appropriate by the Secretary.

"(d) PERIOD OF SERVICE.—The period of service required by an agreement under subsection (a) shall consist of up to 6 years of full-time employment, with no more than one year passing between any two years of covered employment, in a substance use disorder treatment job in the United States in—

"(1) a Mental Health Professional Shortage Area, as designated under section 332; or

"(2) a county (or a municipality, if not contained within any county) where the

mean drug overdose death rate per 100,000 people over the past 3 years for which official data is available from the State, is higher than the most recent available national average overdose death rate per 100,000 people, as reported by the Centers for Disease Control and Prevention.

"(e) INELIGIBILITY FOR DOUBLE BENEFITS.—No borrower may, for the same service, receive a reduction of loan obligations or a loan repayment under both—

"(1) this subsection; and

"(2) any Federally supported loan forgiveness program, including under section 338B, 338I, or 846 of this Act, or section 428J, 428 L, 455(m), or 460 of the Higher Education Act of 1965.

"(f) BREACH.—

"(1) LIQUIDATED DAMAGES FORMULA.—The Secretary may establish a liquidated damages formula to be used in the event of a breach of an agreement entered into under subsection (a).

"(2) LIMITATION.—The failure by an individual to complete the full period of service obligated pursuant to such an agreement, taken alone, shall not constitute a breach of the agreement, so long as the individual completed in good faith the years of service for which payments were made to the individual under this section.

"(g) ADDITIONAL CRITERIA.—The Secretary—

"(1) may establish such criteria and rules to carry out this section as the Secretary determines are needed and in addition to the criteria and rules specified in this section; and

"(2) shall give notice to the committees specified in subsection (h) of any criteria and rules so established.

"(h) REPORT TO CONGRESS.—Not later than 5 years after the date of enactment of the Substance Use Disorder Workforce Loan Repayment Act of 2018, and every other year thereafter, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on—

"(1) the number and location of borrowers who have qualified for loan repayments under this section; and

"(2) the impact of this section on the availability of substance use disorder treatment employees nationally and in shortage areas and counties described in subsection (d).

"(i) DEFINITION.—In this section:

"(1) The term 'municipality' means a city, town, or other public body created by or pursuant to State law, or an Indian Tribe.

"(2) The term 'substance use disorder treatment job' means a full-time job (including a fellowship)—

"(A) where the primary intent and function of the job is the direct treatment or recovery support of patients with or in recovery from a substance use disorder, such as a physician, physician assistant, registered nurse, nurse practitioner, advanced practice registered nurse, social worker, recovery coach, mental health counselor, addictions counselor, psychologist or other behavioral health professional, or any other relevant professional as determined by the Secretary; and

"(B) which is located at a substance use disorder treatment program, private physician practice, hospital or health system-affiliated inpatient treatment center or outpatient clinic (including an academic medical center-affiliated treatment program), correctional facility or program, youth detention center or program, inpatient psychiatric facility, crisis stabilization unit,



community health center, community mental health or other specialty community behavioral health center, recovery center, school, community-based organization, telehealth platform, migrant health center, health program or facility operated by a tribe or tribal organization, Federal medical facility, or any other facility as determined appropriate for purposes of this section by the Secretary.

“(j) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$25,000,000 for each of fiscal years 2019 through 2028.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support for H.R. 5102. This is the Substance Use Disorder Workforce Loan Repayment Act. It is legislation that would create a loan repayment program for substance use disorder treatment providers.

Serious workforce shortages exist for all health professions across the United States. We know that. But a delay in addiction treatment for a patient with substance use disorder can be a life-or-death situation.

By offering student loan repayment for those who agree to work as a substance use disorder treatment professional in an underserved area, this bill encourages more people to enter the substance use disorder treatment field and get critical services to areas that are seriously in dire need of treatment.

I would like to thank my colleagues, Representatives KATHERINE CLARK, HAL ROGERS, JOHN SARBANES, and BRETT GUTHRIE, for leading this important initiative. It is brought to you from your Energy and Commerce Committee with a unanimous vote.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5102, the Substance Use Disorder Workforce Loan Repayment Act. This bill would create a loan repayment program to provide loan repayment assistance to substance use disorder providers in exchange for providing substance use disorder treatment and recovery support services in areas with high need for such services.

Mr. Speaker, I urge my colleagues to support this legislation.

I thank the main sponsor, Representative CLARK, for her leadership and Representative SARBANES.

Mr. Speaker, I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Massachusetts (Ms. CLARK).

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H.R. 5102, the Substance Use Disorder Workforce Loan Repayment Act.

As families at home know too well, our country is in the midst of a devastating public health crisis. The opioid epidemic claims more than 115 lives every day, and in 2016 alone, more than 42,000 people lost their lives to opioid-related drug overdoses, and more than 64,000 died from drug overdoses overall. Every one of those lives lost left heartbroken families, friends, and communities.

Part of addressing this epidemic is making sure that everyone who is looking for help can access effective treatment and ongoing management of this chronic condition. To date, however, we have failed in this endeavor. The Surgeon General's 2016 report on addiction estimates that only 10 percent of Americans living with substance use disorder receive any treatment.

There are a range of barriers to accessing treatment, but one of the most significant is a shortage in the workforce needed to provide it. Between the rising cost of education, low salaries, and a high burnout rate from the stressful and emotional work, it is a struggle to attract new people to the treatment field and keep those who work in it long term.

In my district, I have heard time and again from families and providers that there simply aren't enough treatment specialists available to help the growing number of people who desperately need treatment. I have heard from families who have tried to get their loved ones into treatment and lost them to an overdose before they were able to get them the help they needed.

No one should have to live with that heartbreak. That is why I authored this legislation with my esteemed colleague from Kentucky, Chairman HAL ROGERS. This bill will help recruit and retain more treatment experts by offering up to \$250,000 in student loan repayment for participants who agree to work in the treatment field for up to 6 years.

The program will cover professionals who represent the whole spectrum of treatment, from physicians to nurses, to social workers, to recovery coaches, promoting the kind of wraparound treatment approach that we know gives patients the best chance for success.

By providing a portion of loan repayment for each year of service, the program encourages treatment professionals to stay in the field longer.

Further, this legislation is designed to send help where it is needed the most. Participants in the program must work in a county or municipality with either a shortage of mental health professionals or an above-average rate of overdose deaths. Whether you live in an urban or rural area, from Massachusetts to Kentucky, more need will mean more available treatment.

Mr. Speaker, I thank Chairman ROGERS for his partnership on this important legislation and the other original cosponsors, as well as the Energy and Commerce Committee and their staff for their work throughout this process.

We need to make significant long-term investments in the professionals who make recovery possible. People's lives depend on it. Mr. Speaker, I urge my colleagues to vote in favor of this legislation.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Before I recognize my colleague from Kentucky, I just want to say, Mr. ROGERS has spent many, many years leading nationally not only here in the Congress, but nationally and in Kentucky on this issue of addiction and the scourge of opioids as they have flooded into our area. His leadership has been very, very valuable in this endeavor.

Mr. Speaker, I yield such time as he may consume to the gentleman from Kentucky (Mr. ROGERS).

Mr. ROGERS of Kentucky. Mr. Speaker, I thank Chairman WALDEN for those words.

This is a fight that is critical to the country, and I want to thank the chairman of the committee, Mr. WALDEN, and Mr. PALLONE and the other members of the Energy and Commerce Committee for reporting out for consideration today this multipronged assault on this cruel epidemic that is ravaging the country. The committee has responded, and I thank Chairman WALDEN for all of these bills that are here with us today, especially the bill that we are debating now, and that is the Substance Use Disorder Workforce Loan Repayment Act.

We have invested billions of dollars in treatment and recovery services. As the gentlewoman from Massachusetts has just said, only 10 percent of Americans with a disorder actually receive treatment; 90 percent go without treatment.

That situation is even more dire in small communities. Far too often, when our rural constituents recognize their addiction, they are not able to find treatment or recovery services anywhere close to home or at all.

Those who do enter the treatment profession often don't stay long due to the stress of the job. They don't work in areas most in need of their services, or they have difficulty repaying these sizeable student loans. If we want to maximize our downpayment for the future, these professionals are the key.

H.R. 5102 creates a substantial student loan repayment benefit for a



broad spectrum of medical professionals who enter this noble vocation. It also ensures that these individuals serve in areas most in need of their services for the long haul, offering periodic payments over 6 years.

With these incentives in place, more of our constituents suffering from addiction will receive the quality treatment they so desperately need.

Mr. Speaker, I thank Ms. CLARK for her genuine concern about the problem and her partnership, and also Dr. BURGESS and his team for their guidance on this bill.

Mr. Speaker, I again thank Chairman WALDEN for bringing this bill forward and all of the others that have been reported out today, and I thank Mr. PALLONE and the rest of the committee for the great work that they are doing in a bipartisan fashion.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from Maryland (Mr. SARBANES).

Mr. SARBANES. Mr. Speaker, I thank Congressman PALLONE for yielding.

I rise in support of H.R. 5102, the Substance Use Disorder Workforce Loan Repayment Act of 2018.

Mr. Speaker, I thank the authors of the bill, my colleagues KATHERINE CLARK and HAL ROGERS, for putting this together. It is a very carefully crafted bill to address the problem which it discovered, really, which is there is this serious shortage of substance use disorder professionals across the country.

We are experiencing shortages in a lot of areas of the healthcare workforce, that is true, but if we are going to address the opioid crisis that we face, this epidemic across the country, we have to bring particular attention to the workforce shortages with respect to substance use disorder professionals.

According to SAMHSA, which is the agency which deals with these issues, in 2012, the turnover rates in the addiction services workforce ranged from 18.5 to over 50 percent. So there is a huge turnover there that has to be addressed.

In a recent survey, nearly half of clinical directors in agencies that specialize in substance use disorder treatment acknowledged that they have real difficulty filling these open positions.

In my district, I have heard from many of the community health centers—Baltimore Medical System, Health Care for the Homeless, and others—that said they can't hire enough of these folks and they can't keep enough of these folks to address the opioid crisis.

We need this workforce to address the millions of people who require this important treatment, and this bill does that. It is a very, very important step forward. It will create this loan repayment program for professionals who are in this area of substance use disorder treatment. They can receive up

to \$250,000 if they agree to work as a treatment professional in this area and in a geographical area of high need.

Again, carefully crafted, this treatment can take place in a number of different facilities, community health centers, hospitals, recovery programs, correctional facilities, et cetera.

So the idea was to figure out where those shortages are and direct the bill's support to those areas: a broad range of direct care providers, physicians, registered nurses, social workers, and other behavioral health providers.

This is going to help address the problem of recruitment, attracting new people to the field, as well as help with retention of those people. It is a very, very important bill.

Mr. Speaker, I was proud to join my colleagues, KATHERINE CLARK, HAL ROGERS on our committee, BRETT GUTHRIE, and others, in supporting this. I hope all of my colleagues here today will support this important bill.

□ 1600

Mr. PALLONE. Mr. Speaker, I have no additional speakers, so I urge support for the bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I would do the same, urge passage of the bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5102, the "Substance Use Disorder Workforce Loan Repayment Act of 2018."

H.R. 5102 would establish a loan repayment program for mental health professionals practicing in areas with few mental health providers or with high death rates from overdose.

Mr. Speaker, this bill will amend the Public Health Service Act to create a loan repayment program for individuals who complete a period of service in a substance use disorder treatment job in a mental health professional shortage area and counties where the drug overdose death rate is higher than the national average.

This bill authorizes \$25 million per year over fiscal years 2019–2028.

H.R. 5102 will strengthen America's substance abuse treatment workforce and provide for greater access to care for patients who need it the most.

Mr. Speaker, the current trends of substance abuse in the U.S. are startling.

A Columbia University study found that over 40 million Americans age 12 and over meet the clinical criteria for drug addiction and abuse.

As substance abuse rates and death from overdose rates increase, studies project a shortage of 85,000 physicians in 2020—the impact of which will be the most devastating in rural communities.

In my home state of Texas, 10.1 people die per 100,000 in the population from drug overdoses.

In 2016, in Houston there were 364 drug overdose related deaths reported.

H.R. 5102 addresses these critical issues by providing an additional path for health care providers to practice in rural and underserved communities, ultimately giving greater access to care for those suffering from substance use disorder.

This piece of legislation will strengthen rural health care systems and will improve access to care for patients in these rural communities.

Mr. Speaker, the "Substance Use Disorder Workforce Loan Repayment Act of 2018" will help build a well-equipped workforce to combat the current rise in substance use disorders.

The SPEAKER pro tempore (Mr. WALBERG). The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5102.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

## PREVENTING OVERDOSES WHILE IN EMERGENCY ROOMS ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5176) to require the Secretary of Health and Human Services to provide coordinated care to patients who have experienced a non-fatal overdose after emergency room discharge, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5176

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Preventing Overdoses While in Emergency Rooms Act of 2018".

### SEC. 2. PROGRAM TO SUPPORT EMERGENCY ROOM DISCHARGE AND CARE COORDINATION FOR DRUG OVERDOSE PATIENTS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall establish a program (in this Act referred to as the "Program") to develop protocols for discharging patients who have presented with a drug overdose and enhance the integration and coordination of care and treatment options for individuals with substance use disorder after discharge.

(b) GRANT ESTABLISHMENT AND PARTICIPATION.—

(1) IN GENERAL.—In carrying out the Program, the Secretary shall award grants on a competitive basis to not more than 20 eligible entities described in paragraph (2).

(2) ELIGIBILITY.—

(A) IN GENERAL.—To be eligible for a grant under this subsection, an entity shall be—

(i) a health care site described in subparagraph (B); or

(ii) a health care site coordinator described in subparagraph (C).

(B) HEALTH CARE SITES.—To be eligible for a grant under this section, a health care site shall—

(i) submit an application to the Secretary at such time, in such manner, and containing such information as specified by the Secretary;

(ii) have an emergency department;

(iii) (I) have a licensed health care professional onsite who has a waiver under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to dispense or prescribe covered drugs; or

(II) have a demonstrable plan to hire a sufficient number of full-time licensed health care professionals who have waivers described in subclause (I) to administer such treatment onsite;

(iv) have in place an agreement with a sufficient number and range of entities certified under applicable State and Federal law, such as pursuant to registration or a waiver under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) or certification as described in section 8.2 of title 42 of the Code of Federal Regulations, to provide treatment for substance use disorder such that the entity or the resulting network of entities with an agreement with the hospital cumulatively are capable of providing all evidence-based services for the treatment of substance use disorder, as medically appropriate for the individual involved, including—

(I) medication-assisted treatment;

(II) withdrawal and detoxification services that include patient evaluation, stabilization, and readiness for and entry into treatment; and

(III) counseling;

(v) deploy onsite peer recovery specialists to help connect patients with treatment and recovery support services; and

(vi) include the provision of overdose reversal medication in discharge protocols for opioid overdose patients.

(C) HEALTH CARE SITE COORDINATORS.—To be eligible for a grant under this section, a health care site coordinator shall—

(i) be an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 (and exempt from tax under section 501(a) of such Code) or a State, local, or Tribal government;

(ii) submit an application to the Secretary at such time, in such manner, and containing such information as specified by the Secretary; and

(iii) have an agreement with multiple eligible health care sites described in subparagraph (B).

(3) PREFERENCE.—In awarding grants under this section, the Secretary may give preference to eligible entities described in paragraph (2) that meet either or both of the following criteria:

(A) The eligible health care site is, or the eligible health care site coordinator has an agreement described in paragraph (2)(C)(iii) with a site that is, a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act (42 U.S.C. 1395x(mm)(1))), a low-volume hospital (as defined in section 1886(d)(12)(C)(i) of such Act (42 U.S.C. 1395ww(d)(12)(C)(i))), or a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of such Act (42 U.S.C. 1395ww(d)(5)(D)(iii))).

(B) The eligible health care site or the eligible health care site coordinator is located in a geographic area with a drug overdose rate that is higher than the national rate, or in a geographic area with a rate of emergency department visits for overdoses that is higher than the national rate, as determined by the Secretary based on the most recent data from the Centers for Disease Control and Prevention.

(4) MEDICATION-ASSISTED TREATMENT DEFINED.—For purposes of this section, the term “medication-assisted treatment” means the use of a drug approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or a biological product licensed under section 351 of the Public Health Service Act (42 U.S.C. 262), in combination with behavioral health services, to provide an individualized approach to the treatment of substance use disorders, including opioid use disorders.

(c) PERIOD OF GRANT.—A grant awarded to an eligible entity under this section shall be for a period of at least 2 years.

(d) GRANT USES.—

(1) REQUIRED USES.—A grant awarded under this section to an eligible entity shall be used for both of the following purposes:

(A) To establish policies and procedures that address the provision of overdose reversal medication, prescription and dispensing of medication-assisted treatment to an emergency department patient who has had a non-fatal overdose or who is at risk of a drug overdose, and the subsequent referral to evidence-based treatment upon discharge for patients who have experienced a non-fatal drug overdose or who are at risk of a drug overdose.

(B) To develop best practices for treating non-fatal drug overdoses, including with respect to care coordination and integrated care models for long term treatment and recovery options for individuals who have experienced a non-fatal drug overdose.

(2) ADDITIONAL PERMISSIBLE USES.—A grant awarded under this section to an eligible entity may be used for any of the following purposes:

(A) To hire emergency department peer recovery specialists; counselors; therapists; social workers; or other licensed medical professionals specializing in the treatment of substance use disorder.

(B) To establish integrated models of care for individuals who have experienced a non-fatal drug overdose which may include patient assessment, follow up, and transportation to treatment facilities.

(C) To provide for options for increasing the availability and access of medication-assisted treatment and other evidence-based treatment for individuals with substance use disorders.

(D) To offer consultation with and referral to other supportive services that help in treatment and recovery.

(e) REPORTING REQUIREMENTS.—

(1) REPORTS BY GRANTEEES.—Each eligible entity awarded a grant under this section shall submit to the Secretary an annual report for each year for which the entity has received such grant that includes information on—

(A) the number of individuals treated at the site (or, in the case of an eligible health care site coordinator, at sites covered by the agreement referred to in subsection (b)(2)(C)(iii)) for non-fatal overdoses in the emergency department;

(B) the number of individuals administered each medication-assisted treatment at such site or sites in the emergency department;

(C) the number of individuals referred by such site or sites to other treatment facilities after a non-fatal overdose, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals;

(D) the frequency and number of patient readmissions for non-fatal overdoses and substance use disorder;

(E) for what the grant funding was used; and

(F) the effectiveness of, and any other relevant additional data regarding, having an onsite health care professional to administer and begin medication-assisted treatment for substance use disorders.

(2) REPORT BY SECRETARY.—Not less than one year after the conclusion of the Program, the Secretary shall submit to Congress a report that includes—

(A) findings of the Program;

(B) overall patient outcomes under the Program, such as with respect to hospital readmission;

(C) what percentage of patients treated by a site funded through a grant under this sec-

tion were readmitted to a hospital for non-fatal or fatal overdose;

(D) an evaluation determining the effectiveness of having a practitioner onsite to administer and begin medication-assisted treatment for substance use disorder; and

(E) a compilation of voluntary guidelines and best practices from the reports submitted under paragraph (1).

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this Act \$50,000,000 for the period of fiscal years 2019 through 2023.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support for H.R. 5176, the Preventing Overdoses While in Emergency Rooms Act, or the POWER Act. This legislation will provide needed resources to help hospitals, health departments, and health systems to develop discharge protocols for patients who have had an opioid overdose, such as the provision of naloxone upon discharge, and referrals to treatment and other services that best fit the patients' needs.

By putting rapid referral systems in place, we can better place those presenting with an overdose in evidence-based treatment and get patients on the road to recovery.

I want to thank my colleagues, Representatives DAVID MCKINLEY of West Virginia and MIKE DOYLE of Pennsylvania, for leading this initiative. I am going to yield to my colleague from West Virginia, but before I do, I just want to say what a leader DAVID MCKINLEY has been on this issue involving opioids.

We have met on countless occasions. He has brought many initiatives to our committee. While he is the lead on this bill, he has been instrumental on nearly all the bills that we have considered and has been a tireless advocate for the people of West Virginia in this matter.

Mr. Speaker, I yield such time as he may consume to the gentleman from West Virginia (Mr. MCKINLEY).

Mr. MCKINLEY. Mr. Speaker, I thank the chairman for those kind remarks. This is not just West Virginia, but it is all across this country. I think we are speaking for all and trying to give a voice all across the country.

Mr. Speaker, I rise in support of H.R. 5176, the Preventing Overdoses While in the Emergency Room Act. The demand

for these substance abuse services in America's emergency rooms far exceeds their availability. Treatment is particularly scarce in rural counties, in spite of having an average overdose rate that is 45 percent higher than more urban areas.

In March, the Centers for Disease Control reported that the emergency room visits for opioid overdoses had risen 30 percent since July of 2016, in less than 2 years, a 30 percent increase.

That is why I am honored to be joined by Congressman DOYLE in introducing this bipartisan act, also known as the POWER Act. This legislation will provide competitive grants to ensure that overdose patients receive the treatment they need while still in the emergency room, giving them a better shot at recovery. This bill, hopefully, is intended to reduce repeat overdoses and thereby save lives.

I want to thank the cosponsor of this bill, Mr. DOYLE, and particularly our chairman, Mr. WALDEN, for their work on this important issue. I urge my colleagues to support this legislation.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 5176, Preventing Overdoses While in Emergency Rooms Act. This legislation would provide grant funding for emergency departments to develop protocols for treating and discharging patients who have presented with an opioid overdose or are at increased risk for overdose.

These protocols will help increase the uptake of evidence-based treatment services by promoting the initiation of medication-assisted treatment in emergency departments, as well as referral to community-based providers for treatment and recovery support services.

This is particularly important since an individual's willingness to seek substance use disorder treatment often increases immediately following a nonfatal overdose.

The protocols also will help reduce the risk of future fatal overdoses by such individuals by requiring the provision of naloxone at discharge. This helps ensure that these individuals at high risk of overdose have this life-saving drug available if it is needed to reverse a potentially fatal overdose.

So I urge my colleagues to support this legislation, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I just want to, again, thank our leaders on this effort, Mr. DOYLE and certainly Mr. MCKINLEY. I would encourage passage of the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. FRANCIS ROONEY of Florida). The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5176, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

## STOP COUNTERFEIT DRUGS BY REGULATING AND ENHANCING ENFORCEMENT NOW ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5228) to strengthen the authorities of the Food and Drug Administration to address counterfeit drugs, illegal and synthetic opioids, and opioid-like substances, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5228

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now Act” or the “SCREEN Act”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Detention, refusal, and destruction of drugs offered for importation.
- Sec. 3. Notification, nondistribution, and recall of adulterated or misbranded drug products.
- Sec. 4. Single source pattern of shipments of adulterated or misbranded drugs.
- Sec. 5. Fund to strengthen efforts of FDA to combat the opioid and substance use epidemic.
- Sec. 6. Consideration of potential for misuse and abuse required for drug approval.

### SEC. 2. DETENTION, REFUSAL, AND DESTRUCTION OF DRUGS OFFERED FOR IMPORTATION.

(a) INCREASING THE MAXIMUM DOLLAR AMOUNT OF DRUGS SUBJECT TO DESTRUCTION.—The sixth sentence in section 801(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)) is amended by striking “except that the Secretary” and all that follows through the two periods at the end and inserting “except that the Secretary of Health and Human Services may destroy, without the opportunity for export, any drug refused admission under this section, if such drug is declared to be valued at an amount that is \$2,500 or less (or such higher amount as the Secretary of the Treasury may set by regulation pursuant to section 498(a)(1) of the Tariff Act of 1930 or such higher amount as the Commissioner of Food and Drugs may set based on a finding by the Commissioner that the higher amount is in the interest of public health), or if such drug is entering the United States by mail, and was not brought into compliance as described under subsection (b).”.

(b) DESTRUCTION OF ARTICLES OF CONCERN.—The sixth sentence of section 801(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)), as amended by subsection (a), is further amended by inserting before the period at the end the following: “; and the Secretary of Health and Human Services may destroy, without the opportunity for export, any article refused admission under clause (6) of the third sentence of this subsection”.

(c) TECHNICAL AMENDMENTS.—The seventh, eighth, and ninth sentences of section 801(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)) are amended—

(1) by striking “a drug” each place it appears and inserting “an article”; and

(2) by striking “the drug” each place it appears and inserting “the article”.

(d) RULE OF CONSTRUCTION.—The last sentence in section 801(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)) is amended to read as follows: “Clauses (2), (5), and (6) of the third sentence of this subsection shall not be construed to prohibit the admission of narcotic or nonnarcotic drugs or other substances, the importation of which is permitted under the Controlled Substances Import and Export Act.”.

### SEC. 3. NOTIFICATION, NONDISTRIBUTION, AND RECALL OF ADULTERATED OR MISBRANDED DRUG PRODUCTS.

(a) PROHIBITED ACTS.—Section 301 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331) is amended by adding at the end the following:

“(eee) The failure to comply with any order issued under section 569D.”.

(b) NOTIFICATION, NONDISTRIBUTION, AND RECALL OF ADULTERATED OR MISBRANDED DRUGS.—Subchapter E of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb et seq.) is amended by adding at the end the following:

#### “SEC. 569D. NOTIFICATION, NONDISTRIBUTION, AND RECALL OF ADULTERATED OR MISBRANDED DRUGS.

“(a) ORDER TO CEASE DISTRIBUTION AND RECALL.—

“(1) IN GENERAL.—Upon a determination that the use or consumption of, or exposure to, a drug may present an imminent or substantial hazard to the public health, the Secretary shall issue an order requiring any person who distributes the drug to immediately cease distribution of the drug.

“(2) HEARING.—An order under paragraph (1) shall provide the person subject to the order with an opportunity for an informal hearing, to be held not later than 10 days after the date of issuance of the order, on—

“(A) the actions required by the order; and

“(B) whether the order should be amended to require a recall of the drug.

“(3) INADEQUATE GROUNDS.—If, after providing an opportunity for a hearing under paragraph (2), the Secretary determines that inadequate grounds exist to support the actions required by the order, the Secretary shall vacate the order.

“(4) AMENDMENT TO ORDER TO REQUIRE RECALL.—If, after providing an opportunity for an informal hearing under paragraph (2), the Secretary determines that the order should be amended to include a recall of the drug with respect to which the order was issued, the Secretary shall—

“(A) amend the order to require a recall; and

“(B) after consultation with the drug sponsor, specify a timetable in which the recall will occur.

“(5) NOTICE TO PERSONS AFFECTED.—An order under this subsection shall require any person who distributes the drug to provide for notice, including to individuals as appropriate, to persons who may be affected by the order to cease distribution of or recall the drug, as applicable.

“(6) ACTION FOLLOWING ORDER.—Any person who is subject to an order under paragraph (1) or (4) shall immediately cease distribution of or recall, as applicable, the drug and provide notification as required by such order.

“(b) NOTICE TO CONSUMERS AND HEALTH OFFICIALS.—The Secretary shall, as the Secretary determines to be necessary, provide notice of a recall order under this section to—

“(1) consumers to whom the drug was, or may have been, distributed; and

“(2) appropriate State and local health officials.

“(c) ORDER TO RECALL.—

“(1) CONTENTS.—An order to recall a drug under subsection (a) shall—

“(A) require periodic reports to the Secretary describing the progress of the recall; and

“(B) provide for notice, including to individuals as appropriate, to persons who may be affected by the recall.

“(2) ASSISTANCE ALLOWED.—In providing for notice under paragraph (1)(B), the Secretary may allow for the assistance of health professionals, State or local officials, or other individuals designated by the Secretary.

“(3) NONDELEGATION.—An order under this section shall be ordered by the Secretary or an official designated by the Secretary. An official may not be so designated under this section unless the official is the Director of the Center for Drug Evaluation and Research, is an official senior to such Director, or is so designated by such Director.

“(d) SAVINGS CLAUSE.—Nothing contained in this section shall be construed as limiting—

“(1) the authority of the Secretary to issue an order to cease distribution of, or to recall, an drug under any other provision of this Act or the Public Health Service Act; or

“(2) the ability of the Secretary to request any person to perform a voluntary activity related to any drug subject to this Act or the Public Health Service Act.”

(c) DRUGS SUBJECT TO REFUSAL.—The third sentence of subsection (a) of section 801 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381) is amended by inserting “or (5) in the case of a drug, such drug is subject to an order under section 568 to cease distribution of or recall the drug,” before “then such article shall be refused admission”.

(d) APPLICATION.—Sections 301(eee) and 569D of the Federal Food, Drug, and Cosmetic Act, as added by subsections (a) and (b), shall apply with respect to a drug as of such date, not later than 1 year after the date of the enactment of this Act, as the Secretary of Health and Human Services shall specify.

#### SEC. 4. SINGLE SOURCE PATTERN OF SHIPMENTS OF ADULTERATED OR MISBRANDED DRUGS.

Section 801 of the Federal Food, Drug, and Cosmetic Act is amended by adding at the end the following:

“(t) SINGLE SOURCE PATTERN OF SHIPMENTS OF ADULTERATED OR MISBRANDED DRUGS.—If the Secretary identifies a pattern of adulterated or misbranded drugs being offered for import from the same manufacturer, distributor, or importer, the Secretary may by order choose to treat all drugs being offered for import from such manufacturer, distributor, or importer as adulterated or misbranded unless otherwise demonstrated.”.

#### SEC. 5. FUND TO STRENGTHEN EFFORTS OF FDA TO COMBAT THE OPIOID AND SUBSTANCE USE EPIDEMIC.

Chapter X of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 391 et seq.) is amended by adding at the end the following:

##### “SEC. 1015. FUND TO STRENGTHEN EFFORTS OF FDA TO COMBAT THE OPIOID AND SUBSTANCE USE EPIDEMIC.

“(a) IN GENERAL.—The Commissioner of Food and Drugs shall use any funds appropriated pursuant to the authorization of appropriations under subsection (c) to carry out the programs and activities described in subsection (d) to strengthen and facilitate the Food and Drug Administration’s efforts to address the opioid and substance use epidemic. Such funds shall be in addition to any funds which are otherwise available to carry out such programs and activities.

“(b) FDA OPIOID AND SUBSTANCE USE EPIDEMIC RESPONSE FUND.—

“(1) ESTABLISHMENT OF FUND.—There is established in the Treasury a fund, to be

known as the FDA Opioid and Substance Use Epidemic Response Fund (referred to in this subsection as the ‘Fund’), for purposes of funding the programs and activities described in subsection (d).

“(2) TRANSFER.—For the period of fiscal years 2019 through 2023, \$110,000,000 shall be transferred to the Fund from the general fund of the Treasury.

“(3) AMOUNTS DEPOSITED.—Any amounts transferred under paragraph (2) shall remain unavailable in the Fund until such amounts are appropriated pursuant to subsection (c).

“(c) APPROPRIATIONS.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—For the period of fiscal years 2019 through 2023, there is authorized to be appropriated from the Fund to the Food and Drug Administration, for the purpose of carrying out the programs and activities described in subsection (d), an amount not to exceed the total amount transferred to the Fund under subsection (b)(2). Notwithstanding subsection (g), such funds shall remain available until expended.

“(2) OFFSETTING FUTURE APPROPRIATIONS.—For any of fiscal years 2019 through 2023, for any discretionary appropriation out of the Fund to the Food and Drug Administration pursuant to the authorization of appropriations under paragraph (1) for the purpose of carrying out the programs and activities described in subsection (d), the total amount of such appropriations for the applicable fiscal year (not to exceed the total amount remaining in the Fund) shall be subtracted from the estimate of discretionary budget authority and the resulting outlays for any estimate under the Congressional Budget and Impoundment Control Act of 1974 or the Balanced Budget and Emergency Deficit Control Act of 1985, and the amount transferred to the Fund shall be reduced by the same amount.

“(d) FOOD AND DRUG ADMINISTRATION.—The entirety of the funds made available pursuant to subsection (c)(1) shall be for the Commissioner of Food and Drugs, pursuant to applicable authorities in the Public Health Service Act (42 U.S.C. 201 et seq.) or this Act and other applicable Federal law, to support widespread innovation in non-opioid and non-addictive medical products for pain treatment, access to opioid addiction treatments, appropriate use of approved opioids, and efforts to reduce illicit importation of opioids. Such support may include the following programs and activities:

“(1) Obligating contract funds beginning in fiscal year 2019 for an educational campaign that will—

“(A) educate patients and their families to differentiate opioid medications;

“(B) raise awareness about preferred storage and disposal methods; and

“(C) inform patients, families, and communities about medication-assisted treatment options.

“(2) Building the Food and Drug Administration’s presence in international mail facilities, including through—

“(A) improvements in equipment and information technology enhancements to identify unapproved, counterfeit, or other unlawful pharmaceuticals for destruction;

“(B) increased and improved surveillance;

“(C) renovations at international mail facility locations; and

“(D) the purchase of laboratory equipment.

“(3) Enhancing the identification and targeting of entities offering products and products being offered by such entities for import into the United States through review and analysis of Internet websites, import data, and other sources of intelligence for purposes of making the best use of the Food and Drug Administration’s inspection and analytical resources.

“(4) Increasing the number of staff of the Food and Drug Administration to increase the number of packages being examined, ensuring the safety of the staff undertaking such examinations, and ensuring that packages identified as illegal, counterfeit, misbranded, or adulterated are removed from commerce through available authorities, including administrative destruction.

“(5) Enhancing the Food and Drug Administration’s criminal investigations resources (including full-time equivalent employees and equipment), imports surveillance, and international work.

“(6) Obtaining for the Food and Drug Administration equipment and full-time equivalent employees needed to efficiently screen and analyze products offered for import, including by building data libraries of new substances and analogues to facilitate identification and evaluation of pharmaceutical-based agents and by purchasing screening technologies for use at international mail facilities.

“(7) Operating the Food and Drug Administration’s forensic laboratory facility to ensure adequate laboratory space and functionality for additional work and full-time equivalent employees.

“(e) ACCOUNTABILITY AND OVERSIGHT.—

“(1) WORK PLAN.—

“(A) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Commissioner of Food and Drugs shall submit to the Committee on Health, Education, Labor and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a work plan including the proposed allocation of funds appropriated pursuant to the authorization of appropriations under subsection (c) for each of fiscal years 2019 through 2023 and the contents described in subparagraph (B).

“(B) CONTENTS.—The work plan submitted under subparagraph (A) shall include—

“(i) the amount of money to be obligated or expended out of the Fund in each fiscal year for each program and activity described in subsection (d); and

“(ii) a description and justification of each such program and activity.

“(2) REPORTS.—

“(A) ANNUAL REPORTS.—Not later than October 1 of each of fiscal years 2020 through 2024, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that includes—

“(i) the amount of money obligated or expended out of the Fund in the prior fiscal year for each program and activity described in subsection (d);

“(ii) a description of all programs and activities using funds provided pursuant to the authorization of appropriations under subsection (c); and

“(iii) how the programs and activities are advancing public health.

“(B) ADDITIONAL REPORTS.—At the request of the Committee on Health, Education, Labor and Pensions of the Senate or the Committee on Energy and Commerce of the House of Representatives, the Commissioner shall provide an update in the form of testimony and any additional reports to the respective congressional committee regarding the allocation of funding under this section or the description of the programs and activities undertaken with such funding.

“(f) LIMITATIONS.—Notwithstanding any transfer authority authorized by this section or any appropriations Act, any funds made available pursuant to the authorization of appropriations under subsection (c) may not be used for any purpose other than the programs and activities described in subsection

(d) to strengthen and facilitate the Food and Drug Administration's efforts to address the opioid and substance use epidemic.

“(g) SUNSET.—This section shall expire on September 30, 2022, except that—

“(1) this subsection does not apply to reporting under subsection (e)(2); and

“(2) this section shall remain in effect until such time, and to such extent, as may be necessary for the funds transferred by subsection (b)(2) to be fully expended.”.

**SEC. 6. CONSIDERATION OF POTENTIAL FOR MISUSE AND ABUSE REQUIRED FOR DRUG APPROVAL.**

(a) IN GENERAL.—Section 505(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(d)) is amended—

(1) in the first sentence—

(A) by striking “or (7)” and inserting “(7)”; and

(B) by inserting “or (8) if the drug is or contains a controlled substance for which a listing in any schedule is in effect under the Controlled Substances Act or that is permanently scheduled pursuant to section 201 of such Act, on the basis of information submitted to him as part of the application, or upon the basis of any other information before him with respect to such drug, the drug is unsafe for use due to the risks of abuse or misuse or there is insufficient information to show that the drug is safe for use considering such risks;” before “he shall issue an order refusing to approve the application”; and

(2) in the second sentence, by striking “(6)” and inserting “(8)”.

(b) WITHDRAWAL AUTHORITY.—Section 505(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(e)) is amended in the first sentence—

(1) by striking “or (5)” and inserting “(5)”; and

(2) by inserting the following: “; or (6) that, in the case of a drug that is or contains a controlled substance for which a listing in any schedule is in effect under the Controlled Substances Act or that is permanently scheduled pursuant to section 201 of such Act, on the basis of new information before him with respect to such drug, evaluated together with the information available to him when the application was approved, that the drug is unsafe for use due to the risks of abuse or misuse” after “of a material fact”.

(c) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall be construed to limit or narrow, in any manner, the meaning or application of the provisions of paragraphs (1), (2), (3), (4), (5), and (7) of section 505(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(d)) or paragraphs (1) and (2) of section 505(e) of such Act (21 U.S.C. 355(e)).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

**GENERAL LEAVE**

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to speak in support of this legislation, and I want to

commend my friend and ranking member of the Energy and Commerce Committee, Representative FRANK PALLONE of New Jersey. He has worked tirelessly on this very important policy.

Hundreds of millions of parcels containing illicit or unapproved drugs enter the United States supply chain each year, and they do it through international mail facilities. Through the mail, Mr. Speaker.

That poses a major threat to public health. These parcels are often difficult to identify as they contain little or no labeling, and the Food and Drug Administration's current detention and destruction authorities over these parcels, turns out, it is pretty limited.

H.R. 5228 seeks to strengthen FDA's authority to refuse and destroy substances identified through these international mail facilities and improve enforcement mechanisms available to the agency to combat the influx of illegally manufactured opioids into the country.

I know, in my conversations with Dr. Scott Gottlieb, who heads the FDA, he has added the resources he could find within his agency and has brought many of these issues to our attention. He has been a real leader on this issue for the Trump administration, and I thank him for his work.

But it is clear this bipartisan legislation that Mr. PALLONE brings to us today is essential as we join together to interdict and stop the flow of illegal drugs into the United States of America.

Mr. Speaker, I encourage passage of this bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to voice my strong support for H.R. 5228, legislation that I authored that will strengthen FDA's ability to prevent illicit opioids from coming in through our international mail facilities by providing the agency with additional enforcement authority and financial resources.

In April, Mr. Speaker, I had the opportunity to visit an international mail facility in my home State of New Jersey with the Food and Drug Administration, Customs and Border Patrol, and the U.S. Postal Service, and to see firsthand the problems that these agencies are facing when it comes to illegal, unapproved drugs entering our country through international mail facilities.

FDA staff showed us boxes of pills that had limited labeling, labeling in foreign languages, or no labeling at all, and were sent from unknown and unregistered facilities. FDA staff explained that it takes the agency days to catalog these boxes, identify what products contained inside are legitimate, and identify what products, under current law, the agency can destroy.

FDA then had no other option but to return that box to the sender. This leaves open the possibility that the

sender will just drop the box of illegal pills back in the mail and try to enter the country again through another international mail facility.

The agency also showed me a series of similarly wrapped and marked packages that contained little labeling and were misidentified as gifts. Upon inspection, these packages included bags of drugs, some labeled and some labeled in another language. Again, the agency faced the task of trying to identify if the product was a drug before it could take further action.

Now, the SCREEN Act, the bill before us, which passed the Energy and Commerce Committee by a voice vote, would give FDA authority to act in these situations to stop illicit drugs from entering the marketplace and allow the agency to better target their resources.

Specifically, the SCREEN Act would, first, expand FDA's authority to refuse or destroy illegal drugs; second, provide FDA with the ability to order manufacturers to cease distribution or to recall drugs that pose an imminent or substantial hazard to the public health. Third, it would allow FDA to refuse admission or to destroy bulk shipments of drugs from manufacturers, distributors, or importers, if they are found to be misbranded or adulterated. Then it would authorize new resources to help provide additional capacity at international mail facilities and to upgrade infrastructure, equipment, and other needed technology for screening purposes.

Mr. Speaker, having worked closely with FDA on this legislation, I know that the authorities outlined in the SCREEN Act will go a long way toward empowering the agency to take on repeated illicit drug traffickers and ensure that dangerous, unapproved drugs are stopped at our ports and at our mail facilities.

I urge my colleagues to vote in support of this bill, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume. I just want to again say, as my friend and colleague from New Jersey has outlined, you understand the importance of why we need to make these changes under the law. I again commend him for his work on this.

I encourage all my colleagues to support this very critical piece of legislation. This could do more to stop the flow of this illegal fentanyl and the death it brings to our country than any other thing we can do.

I commend the gentleman for his work on this. I encourage support of the bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no additional speakers. I urge my colleagues to support the bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5228, the Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now Act, or the SCREEN Act.

Mr. Speaker, one way the nation can express its concern for our citizens' health is by addressing the issue regarding counterfeit drugs and synthetic opioids.

Among other things, H.R. 5228 will strengthen the ability of the Food and Drug Administration to combat counterfeit drugs, illegal and synthetic opioids, and opioid-like substances.

Because the capabilities of counterfeit drugs and opioids are rapidly and continuously evolving, there is no "single" technology that provides long-term assurance of drug security.

H.R. 5228 will implement new, holistic technology to better protect our drug supply.

Opioids are a class of drugs that include the illegal drug heroin.

All opioids are chemically related and interact with opioid receptors on nerve cells in the body and brain.

According to a recent study, Centers for Disease Control and Prevention (CDC) report there were 63,632 drug overdose deaths in 2016 in America, 42,249 of which were related to opioid overdoses.

This issue directly affects my state of Texas, because in 2016, there were 1,375 opioid-related overdose deaths, according to the National Institute on Drug Abuse.

In the city of Houston alone, there were 364 drug-related overdose deaths.

Another issue that H.R. 5228 will address is the prevalence of counterfeits, or fake medicines which are produced and sold with the intent to deceptively represent its authenticity or effectiveness.

Fake medicine may contain harmful or inactive ingredients that harm users, or might have the right active ingredient but at the wrong dosage.

Counterfeit drugs are illegal and can be harmful to your health.

Mr. Speaker, critics of the FDA say the entire screening system is underutilized and filled with incomplete and late information.

By enacting H.R. 5228, the FDA will have the authority to combat the scourge of opioids and counterfeit drugs.

I urge my colleagues to join me in supporting H.R. 5228.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in support of H.R. 5228, the Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now Act, or SCREEN Act.

I am proud to champion an important provision that was added to the SCREEN Act during the Energy and Commerce Committee's markup that clarifies the U.S. Food and Drug Administration's authority to consider the potential for misuse and abuse as part of the approval process.

In March, the Health Subcommittee received testimony from FDA Commissioner Scott Gottlieb that opioid misuse and abuse is one of the agency's highest priorities.

Last year, the FDA acted when it requested the withdrawal of the opioid pain medication Opana ER, finding, "the benefits of the drug may no longer outweigh its risks."

Clarifying the FDA's authority to examine the potential risks for abuse and misuse as a consideration in the approval process is an important step in combatting the opioid crisis.

I thank our committee's chairman, GREG WALDEN, and our Ranking Member, FRANK PALLONE, for supporting the inclusion of this important provision.

I ask my colleagues to join me in supporting the underlining bill, which will strengthen the

FDA's authority to stop and destroy illicit substances identified through international mail facilities, and my misuse and abuse language which will help protect Americans from opioid and substance use abuse.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5228, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### TREATMENT, EDUCATION, AND COMMUNITY HELP TO COMBAT ADDICTION ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5261) to amend the Public Health Service Act to provide for regional centers of excellence in substance use disorder education, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5261

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Treatment, Education, and Community Help to Combat Addiction Act of 2018" or the "TEACH to Combat Addiction Act of 2018".

#### SEC. 2. ESTABLISHMENT OF REGIONAL CENTERS OF EXCELLENCE IN SUBSTANCE USE DISORDER EDUCATION.

Part D of title V of the Public Health Service Act is amended by inserting after section 549 (42 U.S.C. 290ee-4) the following new section:

#### "SEC. 550. REGIONAL CENTERS OF EXCELLENCE IN SUBSTANCE USE DISORDER EDUCATION.

"(a) IN GENERAL.—The Secretary, in consultation with such other agencies as are appropriate, shall, subject to the availability of appropriations, establish a solicitation process and award cooperative agreements to eligible entities for the designation of such entities as Regional Centers of Excellence in Substance Use Disorder Education and support of such regional centers of excellence to enhance and improve how health professionals are educated in substance use disorder prevention, treatment, and recovery through development, evaluation, and distribution of evidence-based curricula for health profession schools. An eligible entity designated by the Secretary as a Regional Center of Excellence in Substance Use Disorder Education shall carry out the activities described in subsection (b).

"(b) SELECTION OF CENTERS OF EXCELLENCE.—

"(1) ELIGIBLE ENTITIES.—To be eligible to receive a cooperative agreement under subsection (a), an entity shall—

"(A) be an entity specified by the Secretary that offers education to students in various health professions, which may include—

"(i) a health system;

"(ii) a teaching hospital;

"(iii) a medical school;

"(iv) a certified behavioral health clinic; or

"(v) any other health profession school, school of public health, or Cooperative Ex-

tension Program at institutions of higher education engaged in an aspect of the prevention, treatment, or recovery of substance use disorders;

"(B) be accredited by the appropriate educational accreditation body;

"(C) demonstrate an existing strategy, and have in place a plan for continuing such strategy, or a proposed strategy to implement a curriculum based on best practices for substance use disorder prevention, treatment, and recovery;

"(D) demonstrate community engagement and participation through community partners, including other health profession schools, mental health counselors, social workers, peer recovery specialists, substance use treatment programs, community health centers, physicians' offices, certified behavioral health clinics, law enforcement, and the business community; and

"(E) provide to the Secretary such information, at such time, and in such manner, as the Secretary may require.

"(2) DIVERSITY.—In awarding cooperative agreements under subsection (a), the Secretary shall take into account regional differences among eligible entities and shall make an effort to ensure geographic diversity.

"(c) DISSEMINATION OF INFORMATION.—

"(1) PUBLIC POSTING.—The Secretary shall make information provided to the Secretary under subsection (b)(1)(E) publicly available on the Internet website of the Department of Health and Human Services.

"(2) EVALUATION.—The Secretary shall evaluate each project carried out by a Regional Center of Excellence in Substance Use Disorder Education under this section and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

"(d) FUNDING.—There is authorized to be appropriated to carry out this section, \$4,000,000 for each of fiscal years 2019 through 2023."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

□ 1615

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support for H.R. 5261. This is the Treatment, Education, and Community Help to Combat Addiction Act, or more easily known as the TEACH to Combat Addiction Act. This legislation will designate and support centers of excellence or institutions of learning that have championed substance use disorder treatment.

Improving how professionals are taught to effectively teach substance use disorder will also increase access to evidence-based treatment, in other



words, treatments that will work and that we can prove will work.

I want to thank my colleagues, Representative BILL JOHNSON and PAUL TONKO, for leading this bipartisan and really important initiative.

Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. JOHNSON), the leader on our committee, to talk more about his legislation.

Mr. JOHNSON of Ohio. Mr. Speaker, our Nation's healthcare providers are in a unique position to recognize and start to address a patient suffering from addiction. It is vital that their training fully equips them to play that very important role.

Currently, fewer than 10 percent of U.S. medical schools require a dedicated course on addiction, and only a handful have a robust curriculum on the diagnosis and treatment of substance use disorder. The TEACH to Combat Addiction Act seeks to increase the amount of education health professional students receive specific to substance use disorder and addiction by recognizing and supporting institutions that focus on these areas and holding them up as a model for other programs.

I know from talking with schools in Ohio like the University of Cincinnati and The Ohio State University that the medical education community is eager to be a part of the solution to the opioid crisis. This legislation gives them the additional tools with which to pursue innovative strategies and community partnerships that advance their students' knowledge and understanding of substance use disorder and addiction.

Mr. Speaker, the work we are doing in this House to combat the opioid epidemic is important. Too many of our families, friends, and neighbors have been lost for us to delay any longer.

I urge my colleagues to support this legislation.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5261, the TEACH to Combat Addiction Act, and I want to thank Mr. TONKO, the Democratic sponsor of the bill.

While the evidence is clear that medication-assisted treatment is the gold standard for treatment of opioid use disorder, many healthcare providers know little about this lifesaving treatment. Providers' limited knowledge of and training on substance use disorder treatment and recovery support services, such as MAT, hampers efforts to respond to patients who suffer from such conditions.

The TEACH to Combat Addiction Act will help improve providers' knowledge and training on such services by establishing centers of excellence and substance use disorder education. These centers will support the development, evaluation, and distribution of evidence-based curricula for health professional schools on substance use disorder prevention, treatment, and recovery. Such curricula can be used to

help ensure that we get the right curriculum and training to all different kinds of healthcare providers.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I don't have any other speakers, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. TONKO), our Democratic sponsor.

Mr. TONKO. Mr. Speaker, I thank Representative PALLONE for yielding.

Mr. Speaker, I rise in support of the TEACH to Combat Addiction Act, which I joined with my friend from Ohio, Representative BILL JOHNSON, in introducing.

One of the biggest challenges that is facing us in the midst of this opioid epidemic is the lack of high-quality addiction treatment in many parts of our country.

Only one in five individuals with opioid use disorder is able to access any type of treatment. In many instances, individuals struggling with addiction can be placed on waiting lists for months or years before they are able to see an addiction professional. That is simply not right.

When we place barriers and roadblocks between patients and their care, we know that these delays can be deadly. We need to move toward a system of treatment on demand so that, when an individual is crying out for assistance, when that person has that moment of clarity, there is a helping hand ready to meet them.

This legislation helps us in a way that moves us in that direction by investing in our addiction infrastructure. The TEACH to Combat Addiction Act would create centers of excellence in substance use disorder education that would be charged with developing and disseminating model curricula to train our next generation of medical professionals on the practice of addiction.

Empowering our healthcare workforce to better understand and effectively prevent and treat substance use disorder will yield dividends in our fight against the opioid epidemic.

I am proud to work with Representative JOHNSON on this critical legislation that will strengthen the tools and information we use to educate the next generation of healthcare professionals, and I strongly urge all Members to support this critical legislation.

Mr. PALLONE. Mr. Speaker, I have no additional speakers.

I urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I, too, want to commend our colleagues for bringing this matter to our attention and commend them on the legislation we are moving forward today in a bipartisan way. I encourage our colleagues to vote for it.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5261, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### ENSURING EVIDENCE-BASED MENTAL HEALTH AND SUBSTANCE USE DISORDER PROGRAMS AND ACTIVITIES FUNDED BY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5272) to ensure that programs and activities that are funded by a grant, cooperative agreement, loan, or loan guarantee from the Department of Health and Human Services, and whose purpose is to prevent or treat a mental health or substance use disorder, are evidence-based, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5272

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. GUIDANCE FROM NATIONAL MENTAL HEALTH AND SUBSTANCE USE POLICY LABORATORY.

Section 501A(b) of the Public Health Service Act (42 U.S.C. 290aa-0(b)) is amended—

(1) in paragraph (5), by striking “and” at the end;

(2) in paragraph (6), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(7) issue and periodically update guidance for entities applying for grants from the Substance Abuse and Mental Health Services Administration in order to—

“(A) encourage the funding of evidence-based practices;

“(B) encourage the replication of promising or effective practices; and

“(C) inform applicants on how to best articulate the rationale for the funding of a program or activity.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous materials into the RECORD on this bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I rise in strong support of H.R. 5272. This is a bill that helps ensure that federally funded programs and activities that prevent or



treat health or substance use disorder are evidence-based. What a concept.

H.R. 5272 will enhance the work of the National Mental Health and Substance Use Policy Laboratory by directing the Substance Abuse and Mental Health Services Administration, SAMHSA, to provide guidance for entities applying for grants, including guidance on how best to explain the rationale for a given program or activity.

By encouraging the funding of evidence-based interventions and the replication of promising or effective practices, we believe we can help ensure that local organizations, health departments, nonprofits, and substance use disorder treatment providers have the tools and evidence necessary to implement solutions that work.

I would like to thank Representatives STEVE STIVERS and ELIOT ENGEL for leading this important and, again, bipartisan initiative.

Mr. Speaker, I yield such time as he may consume to the gentleman from Ohio (Mr. STIVERS), who has been a real advocate on these and other issues dealing with this opioid epidemic.

Mr. STIVERS. Mr. Speaker, I would like to thank the chairman for all of his work to help with this bill.

I speak today on behalf of myself and my colleague Mr. ENGEL in support of our evidence-based treatment for opioid addiction bill, H.R. 5272.

The opioid epidemic is hurting communities all across this country. In 2016, 174 Americans overdosed per day. Ohio had the second highest death rate in the Nation. Overdoses killed 4,329 people in Ohio, according to the National Center for Health Statistics.

For the past 5 years, I have held a roundtable on drugs and opioids in my district with stakeholders, including law enforcement, treatment professionals, government officials, and community leaders from all around. A common concern I have heard in these roundtables and that I hear consistently in my district is that treatment programs exist, but many are not delivering on their promise.

Healthcare professionals and those on the front lines have continuously told me about the lack of evidence-based treatment for those suffering from addiction and substance use disorders, and that can lead to unsuccessful results.

According to the National Institute on Drug Abuse, between 40 and 60 percent of individuals who suffer from drug addiction are known to relapse. It is often estimated that the rehabilitation programs are only about 30 percent effective, although nobody knows the true number. That is why Representative ELIOT ENGEL and I have introduced bipartisan legislation to require grants from the Department of Health and Human Services to treat mental health and substance abuse be awarded to entities that are able to demonstrate that they use evidence-based practices.

Throughout the process of pushing for this, I had conversations with

SAMHSA, the Substance Abuse and Mental Health Services Administration, about what they have been doing under the 21st Century Cures Act to promote and enhance evidence-based practices.

The 21st Century Cures Act created a National Mental Health and Substance Use Policy Laboratory under SAMHSA and tasked it with promoting evidence-based practices through leadership and coordination, data collection, and reviews of current programs and activities. The policy lab has set out to begin this monumental task, and our legislation will make it even better.

Working with the majority and the minority committees' staffs on the Energy and Commerce Committee and working with SAMHSA, Representative ENGEL and I brought forward a bipartisan amendment to our original bill which, instead of placing a requirement on funds, requires SAMHSA to issue guidance to grantees that will help promote funding of evidence-based practices through the policy lab. I think this language will be positive.

It further requires SAMHSA to issue guidance on how to best replicate promising and effective treatments and programs so that future programs and grant applications can take advantage of the lessons learned and best practices.

More importantly, SAMHSA must issue guidance to grantees on how to articulate their rationale for why they should receive Federal funds. I think putting this responsibility on the shoulders of grantees will ensure that more local treatment programs are looking at medical journals and SAMHSA's own policy laboratory for evidence-based practices that will make our treatment more effective.

As I have talked to people affected by the opioid epidemic at our roundtables and people who have come into my office, too many of them have been let down by treatment programs that didn't work. People want their lives back. They want their jobs back. They want their families back. They want their future back. This bill that Representative ENGEL and I have put together will help them in that journey.

If we can take treatment programs and take them from 30 percent effective to even 50 percent effective, millions of Americans will get their lives back, get their families back, and get their jobs back.

This bill, I think, is a moral imperative, and I want to thank Congressman ENGEL. I want to thank the majority and minority staffs from the Energy and Commerce Committee for their work. I want to especially thank the chairman for his work. I also want to thank SAMHSA. They were a pleasure to work with through this effort.

Mr. Speaker, I believe this bill will make a big difference in the lives of Americans and help make sure that those impacted by the opioid epidemic and other drug addiction will get treatment that gives them their lives back.

Mr. Speaker, I urge my colleagues to support this legislation.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of this bill, H.R. 5272, and I want to thank Mr. ENGEL, the Democratic sponsor.

The purpose of this legislation is to promote the increased uptake of evidence-based treatment by individuals with mental health and substance use disorders.

□ 1630

We know that increasing the utilization of evidence-based treatment for behavioral health disorders results in improved outcomes. This is particularly important for individuals with opioid use disorder, as we know that MAT is the gold standard for treatment and is associated with improved retention in treatment, decreased relapse rates, and decreased fatal and nonfatal overdoses.

Expanding access to and uptake of MAT as well as other evidence-based behavioral health treatments, as promoted by this bill, is a critical piece to combating the tragic opioid epidemic, so I encourage my colleagues to support this legislation.

Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Mr. Speaker, I thank the gentleman, my friend from New Jersey, for yielding to me.

Mr. Speaker, I rise in strong support of H.R. 5272, the RESULTS Act, and I urge my colleagues to support it.

This bill that I have coauthored with Congressman STEVE STIVERS will provide needed guidance to applicants seeking Federal funding to treat or prevent mental health or substance use disorders. I thank the gentleman from Ohio (Mr. STIVERS) for working with me in a bipartisan way, and it shows when we work in a bipartisan way good things come out of it.

This legislation builds on the important work we started with the 21st Century Cures Act. Cures created the National Mental Health and Substance Use Policy Laboratory, often referred to as the Policy Lab, with the goal of promoting evidence-based activities to prevent and treat mental health and substance use disorders.

The RESULTS Act will help advance that goal. It directs the Policy Lab to issue new guidance to applicants seeking Federal funding to treat or prevent mental health or substance abuse disorders.

This guidance will ensure that those applying for Federal funds have the information they need to implement evidence-based solutions to the opioid crisis as well as the tools necessary to emulate successful approaches in their communities. I urge my colleagues to support this straightforward bill that will make it easier for those fighting the opioid epidemic in our communities to implement solutions that work.

All of us know how necessary these solutions are. Take my district in Westchester County, part of which I represent, 124 people died due to opioids in the year 2016. In the Bronx, part of which I also represent, more New Yorkers died of overdoses than in any other borough in New York City.

So I am pleased that the House is taking bipartisan action to address the opioid epidemic. But I am also concerned by the Trump administration's announcement last week that they will urge the courts to strike down the Affordable Care Act's provisions preventing insurance companies from denying coverage or charging more for preexisting conditions such as an opioid addiction.

This has to stop. This needs to stop. We can't have those proposals if we are going to really attack and win in this opioid crisis.

The bipartisan actions we take this week and that we will take this week are important, and I support all of them. But they will not occur in a vacuum.

I urge my friends on the other side of the aisle to speak out and end these kinds of attacks on affordable healthcare. Instead, let's work to ensure our communities have the resources they need to turn the tide of this epidemic and bring needed treatment to the men and women who are fighting—literally—fighting for their lives.

I want to, again, thank Congressman STIVERS for his hard work on this bill, as well as Chairman BURGESS, Ranking Member GREEN, Chairman WALDEN, and Ranking Member PALLONE for their assistance in bringing it to the floor today.

Mr. Chairman, I urge my colleagues to support the RESULTS Act.

Mr. PALLONE. Mr. Speaker, I have no additional speakers. I would ask support for the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the gentleman from Georgia will control the balance of the time of the majority.

There was no objection.

Mr. CARTER of Georgia. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5272, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to provide additional guidance to grantees seeking funding to treat or prevent mental health or substance use disorders."

A motion to reconsider was laid on the table.

## COMPREHENSIVE OPIOID RECOVERY CENTERS ACT OF 2018

Mr. CARTER of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5327) to amend title V of the Public Health Service Act to establish a grant program to create comprehensive opioid recovery centers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5327

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Comprehensive Opioid Recovery Centers Act of 2018".

### SEC. 2. COMPREHENSIVE OPIOID RECOVERY CENTERS.

(a) IN GENERAL.—Part D of title V of the Public Health Service Act is amended by adding at the end the following new section:

#### "SEC. 550. COMPREHENSIVE OPIOID RECOVERY CENTERS.

"(a) IN GENERAL.—The Secretary shall award grants on a competitive basis to eligible entities to establish or operate a comprehensive opioid recovery center (referred to in this section as a 'Center').

"(b) GRANT PERIOD.—

"(1) IN GENERAL.—A grant awarded under subsection (a) shall be for a period not less than three years and not more than five years.

"(2) RENEWAL.—A grant awarded under subsection (a) may be renewed, on a competitive basis, for additional periods of time, as determined by the Secretary. In determining whether to renew a grant under this paragraph, the Secretary shall consider the data submitted under subsection (h).

"(c) MINIMUM NUMBER OF CENTERS.—The Secretary shall allocate the amounts made available under subsection (i) in such amounts that not fewer than 10 Centers will be established across the United States.

"(d) APPLICATION.—In order to be eligible for a grant under subsection (a), an entity shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

"(1) evidence that such entity carries out, or is capable of coordinating with other entities to carry out, the activities described in subsection (g); and

"(2) such other information as the Secretary may require.

"(e) PRIORITY.—In awarding grants under subsection (a), the Secretary shall give priority to eligible entities located in a State or Indian country (as defined in section 1151 of title 18, United States Code)—

"(1) with a high per capita drug overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention; or

"(2) based on any other criteria or need, as determined by the Secretary.

"(f) USE OF GRANT FUNDS.—An eligible entity awarded a grant under subsection (a) shall use the grant funds to establish or operate a Center to carry out the activities described in subsection (g).

"(g) CENTER ACTIVITIES AND SERVICES.—Each Center shall, at a minimum, carry out the activities described in this subsection. In the case of a Center that determines that a service described in paragraph (2) cannot reasonably be carried out by the Center, such Center shall contract with such other entities as may be necessary to ensure that patients have access to the full range of services described in such paragraph.

"(1) COMMUNITY OUTREACH.—Each Center shall carry out the following outreach activities:

"(A) Train and supervise outreach staff to work with schools, workplaces, faith-based organizations, State and local health departments, law enforcement, and first responders to ensure that such institutions are aware of the services of the Center.

"(B) Disseminate and make available online evidence-based resources that educate professionals and the public on opioid use disorder and other substance use disorders.

"(2) TREATMENT AND RECOVERY SERVICES.—Each Center shall provide the following treatment and recovery services:

"(A) Ensure that intake evaluations meet the clinical needs of patients.

"(B) Periodically conduct patient assessments to ensure continued and meaningful recovery, as defined by the Assistant Secretary for Mental Health and Substance Use.

"(C) Provide the full continuum of treatment services, including—

"(i) all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act and all biological products licensed under section 351 of this Act, including methadone, to treat substance use disorders, including opioid use disorder and alcohol use disorder;

"(ii) withdrawal management, which shall include medically supervised detoxification that includes patient evaluation, stabilization, and readiness for and entry into treatment;

"(iii) counseling and case management, including counseling and recovery services for any possible co-occurring mental illness;

"(iv) residential rehabilitation;

"(v) recovery housing;

"(vi) community-based and peer recovery support services;

"(vii) job training and placement assistance to support reintegration into the workforce; and

"(viii) other best practices, as determined by the Secretary.

"(D) Administer an onsite pharmacy and provide toxicology services.

"(E) Establish and operate a secure and confidential electronic health information system.

"(F) Offer family support services such as child care, family counseling, and parenting interventions to help stabilize families impacted by substance use disorder.

"(h) DATA REPORTING AND PROGRAM OVERSIGHT.—With respect to a grant awarded under subsection (a) to an eligible entity for a Center, not later than 90 days after the end of the first year of the grant period, and annually thereafter for the duration of the grant period (including the duration of any renewal period for such grant), the entity shall submit data, as appropriate, to the Secretary regarding—

"(1) the programs and activities funded by the grant;

"(2) health outcomes of individuals with a substance use disorder who received services from the Center;

"(3) the effectiveness of interventions designed, tested, and evaluated by the Center; and

"(4) any other information that the Secretary may require for the purpose of—

"(A) evaluating the effectiveness of the Center; and

"(B) ensuring that the Center is complying with all the requirements of the grant, including providing the full continuum of services described in subsection (g)(2)(C) and providing drugs and devices for overdose reversal under such subsection.

"(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$10,000,000 for each of fiscal years 2019

through 2023 for purposes of carrying out this section.”.

(b) REPORTS TO CONGRESS.—

(1) PRELIMINARY REPORT.—Not later than three years after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a preliminary report that analyzes data submitted under section 550(h) of the Public Health Service Act, as added by subsection (a).

(2) FINAL REPORT.—Not later than one year after submitting the preliminary report required under paragraph (1), the Secretary of Health and Human Services shall submit to Congress a final report that includes—

(A) an evaluation of the effectiveness of comprehensive opioid recovery centers established or operated pursuant to section 550 of the Public Health Service Act, as added by subsection (a);

(B) recommendations on whether the grant program established under such section 550 should be reauthorized and expanded; and

(C) standards and best practices for the treatment of substance use disorders, as identified through such grant program.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. CARTER) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. CARTER of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. CARTER of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support for H.R. 5327, the Comprehensive Opioid Recovery Centers Act. This legislation will help support the establishment of Comprehensive Opioid Recovery Centers to serve as models for comprehensive treatment and recovery. These centers will provide substance use disorder patients with a wide range of treatment options for integrated care. By treating the whole person and utilizing the full range of FDA-approved medications and evidence-based treatments, these centers will dramatically improve the outcomes for individuals with substance use disorder and serve as models for evidence-based treatment across the country.

I would like to thank the vice chairman of the Health Subcommittee Vice Chairman BRETT GUTHRIE, Health Subcommittee Ranking Member GENE GREEN, and Representatives LARRY BUCSHON and BEN RAY LUJÁN for leading this important initiative.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5327, the Comprehensive Opioid Recovery Centers Act.

Mr. Speaker, I rise in support of H.R. 5327, the Comprehensive Opioid Recovery Centers Act.

More than 21 million individuals in this country need substance abuse treatment, but we know there are numerous barriers to accessing help for substance abuse disorder.

One of the many barriers that exists is the gap in healthcare providers available to treat opioid use disorder.

Worsening the situation, our current healthcare system and the methods of treating substance abuse disorders is often fragmented, leading to incomplete patient care.

Without a standardized way of approaching screening or treatment for opioid use disorder, treatment centers use a range of methods to manage opioid use disorder, some are more successful than others.

H.R. 5327, bipartisan legislation which would require SAMHSA to provide grants to develop comprehensive opioid recovery centers will begin to address some of the deficits in opioid use disorder care.

These centers will provide outreach to help educate the communities about opioid and other substance use disorders, assist with coordination of treatment, and offer recovery activities.

The comprehensive opioid recovery centers will use best practices, to deliver integrated opioid use disorder care, giving other treatment centers a model to look towards, improving the quality of OUD treatment.

Improving access to evidence-based substance use disorder treatments is critical for ensuring patients get the care that they need.

I urge my colleagues to support this bill.

Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. GENE GREEN), who is the ranking member of our Health Subcommittee.

Mr. GENE GREEN of Texas. Mr. Speaker, I thank my ranking member.

Mr. Speaker, I rise in support of H.R. 5327, the Comprehensive Opioid Recovery Centers Act.

The opioid epidemic is harming Americans in communities throughout our great country, including my hometown of Houston, Texas. In 2016 alone, over 42,000 Americans died due to an opioid-related overdose, based on data from the Centers for Disease Control and Prevention.

More must be done to give Americans access to treatment and the full continuum of care they need to recover from substance abuse and live a full and healthy life.

For these reasons, I was proud to introduce the Comprehensive Opioid Recovery Centers Act with Representatives BRETT GUTHRIE, BEN RAY LUJÁN, and LARRY BUCSHON in March.

This legislation will fund the designated treatment centers where Americans suffering from opioid abuse can receive comprehensive patient-centered care. Our bill would allow designated treatment centers to provide a wider variety of treatment options tailored to the specific needs of its clients.

Covered services under this bill would include mental health, medication-assisted treatment, counseling, re-

covery housing, peer support, and job training and placement to support reintegration into the workforce. These wraparound services have been shown to help many Americans who have successfully overcome opioid addiction. It is our intention that this bill will help develop world-class models for treatment and recovery that can be duplicated nationwide.

I would like to thank Congressmen GUTHRIE, LUJÁN, and BUCSHON for their hard work on this bill. I would also like to thank our ranking member, FRANK PALLONE, and our chair, GREG WALDEN, for their support of our bill and their assistance moving this legislation through committee and on to the House floor today.

Mr. Speaker, I ask my colleagues to join me and vote in support of this important legislation.

The SPEAKER pro tempore. Without objection, the gentleman from Oregon will control the balance of the time of the majority.

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Kentucky (Mr. GUTHRIE), who is the vice chair of our Health Subcommittee and has been a leader on this opioid issue along with other healthcare issues to improve the lives of American citizens and especially those in his home State and district.

Mr. GUTHRIE. Mr. Speaker, I thank the chairman for yielding.

Mr. Speaker, I rise today in support of my bill, the Comprehensive Opioid Recovery Centers Act, a bipartisan bill that will establish treatment centers that offer a full range of treatment for people suffering from opioid use disorder.

Over the past several months, I have been holding public events in each of the 21 counties in my district. In every county I continue to hear about the awful effects of our Nation's opioid crisis. Each story is a little different, but they are all heart-wrenching due to the deadly effects of opioid use disorder and addiction.

Right now, most patients are going to the center that is most convenient to them, but those centers might offer only one type of treatment. What if that treatment doesn't work for that person?

That is why I introduced the Comprehensive Opioid Recovery Centers Act, so that people can show up at one facility and have full wraparound treatment services and succeed in beating addiction.

I want to especially thank my friends, Congressman GENE GREEN, Congressman BEN RAY LUJÁN of New Mexico, and LARRY BUCSHON of Indiana for introducing this bill with me. This is a bipartisan bill. It will make a difference in people's lives, and I urge my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from New Mexico (Mr. BEN RAY LUJÁN), who is one of the Democratic sponsors.

Mr. BEN RAY LUJÁN of New Mexico. Mr. Speaker, I thank Mr. GUTHRIE and Dr. BUCSHON for working with myself and Mr. GENE GREEN of Texas on this bill.

I rise today in support of the Comprehensive Opioid Recovery Centers Act. This bill would fund at least 10 comprehensive opioid centers across America. These centers will focus on community engagement, prevention, treatment, and also recovery services.

They can be newly established centers or can build upon existing infrastructure. They will be located in areas hit hardest by this epidemic, and they will serve those who need help the most.

Since 2008, New Mexico has had one of the highest rates of drug overdose deaths in the country. According to the CDC, New Mexico had the third highest drug overdose death rate in the Nation in 2013 and the second highest in 2014.

Almost every county in New Mexico has a higher rate than the national average. In some of the most hard-hit New Mexico counties, the overdose death rates were more than five times the national rate.

Now, we know 10 centers across 50 States will not solve this problem. Still, we hope that these centers can stand as examples for what substance use disorder facilities could strive to be.

I hope that these comprehensive centers will give families hope, researchers data, and communities across this country the resources that they so desperately need.

Mr. PALLONE. Mr. Speaker, I have no additional speakers. I urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, this is more good, bipartisan work here attacking this opioid epidemic. I would encourage my colleagues to support this piece of legislation.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. CARTER) that the House suspend the rules and pass the bill, H.R. 5327, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WALDEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

#### POISON CENTER NETWORK ENHANCEMENT ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5329) to amend the Public Health Service Act to reauthorize and enhance the poison center national toll-free

number, national media campaign, and grant program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5329

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Poison Center Network Enhancement Act of 2018”.

#### SEC. 2. REAUTHORIZATION OF POISON CONTROL CENTERS NATIONAL TOLL-FREE NUMBER.

Section 1271 of the Public Health Service Act (42 U.S.C. 300d-71) is amended to read as follows:

##### “SEC. 1271. ESTABLISHMENT AND MAINTENANCE OF THE NATIONAL TOLL-FREE NUMBER AND ENHANCED COMMUNICATIONS CAPABILITIES.

“(a) IN GENERAL.—The Secretary shall provide coordination and assistance to poison control centers for—

“(1) the development, establishment, implementation, and maintenance of a nationwide toll-free phone number; and

“(2) the enhancement of communications capabilities, which may include text capabilities.

“(b) CONSULTATION.—The Secretary may consult with nationally recognized professional organizations in the field of poison control to determine the best and most effective means of achieving the goals described in paragraphs (1) and (2) of subsection (a).

“(c) RULE OF CONSTRUCTION.—In assisting with public health emergencies, responses, or preparedness, nothing in this section shall be construed to restrict the work of poison control centers or the use of their resources by the Secretary or other governmental agencies.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$700,000 for each of fiscal years 2019 through 2023.”.

#### SEC. 3. REAUTHORIZATION OF NATIONWIDE PUBLIC AWARENESS CAMPAIGN TO PROMOTE POISON CONTROL CENTER UTILIZATION.

Section 1272 of the Public Health Service Act (42 U.S.C. 300d-72) is amended to read as follows:

##### “SEC. 1272. NATIONWIDE PUBLIC AWARENESS CAMPAIGN TO PROMOTE POISON CONTROL CENTER UTILIZATION AND THEIR PUBLIC HEALTH EMERGENCY RESPONSE CAPABILITIES.

“(a) IN GENERAL.—The Secretary shall—

“(1) carry out, and expand upon, a national public awareness campaign to educate the public and health care providers about—

“(A) poisoning, toxic exposure, and drug misuse prevention; and

“(B) the availability of poison control center resources in local communities; and

“(2) as part of such campaign, highlight the nationwide toll-free number and enhanced communications capabilities supported under section 1271.

“(b) CONSULTATION.—In carrying out and expanding upon the national campaign under subsection (a), the Secretary may consult with nationally recognized professional organizations in the field of poison control response for the purpose of determining the best and most effective methods for achieving public awareness.

“(c) CONTRACT WITH ENTITY.—The Secretary may carry out subsection (a) by entering into contracts with one or more public or private entities, including nationally recognized professional organizations in the field of poison control and national media firms, for the development and implementa-

tion of the awareness campaign under subsection (a), which may include—

“(1) the development and distribution of poisoning and toxic exposure prevention, poison control center, and public health emergency awareness and response materials;

“(2) television, radio, internet, and newspaper public service announcements; and

“(3) other means and activities to provide for public and professional awareness and education.

“(d) EVALUATION.—The Secretary shall—

“(1) establish baseline measures and benchmarks to quantitatively evaluate the impact of the nationwide public awareness campaign carried out under this section; and

“(2) on a biennial basis, prepare and submit to the appropriate committees of Congress an evaluation of the nationwide public awareness campaign.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$800,000 for each of fiscal years 2019 through 2023.”.

#### SEC. 4. REAUTHORIZATION OF THE POISON CONTROL CENTER GRANT PROGRAM.

Section 1273 of the Public Health Service Act (42 U.S.C. 300d-73) is amended to read as follows:

##### “SEC. 1273. MAINTENANCE OF THE POISON CONTROL CENTER GRANT PROGRAM.

“(a) AUTHORIZATION OF PROGRAM.—The Secretary shall award grants to poison control centers accredited under subsection (c) (or granted a waiver under subsection (d)) and nationally recognized professional organizations in the field of poison control for the purposes of—

“(1) preventing, and providing treatment recommendations for, poisonings and toxic exposures including opioid and drug misuse;

“(2) assisting with public health emergencies, responses, and preparedness; and

“(3) complying with the operational requirements needed to sustain the accreditation of the center under subsection (c).

“(b) ADDITIONAL USES OF FUNDS.—In addition to the purposes described in subsection (a), a poison center or professional organization awarded a grant under such subsection may also use amounts received under such grant—

“(1) to research, establish, implement, and evaluate best practices in the United States for poisoning prevention, poison control center outreach, opioid and drug misuse information and response, and public health emergency, response, and preparedness programs;

“(2) to research, develop, implement, revise, and communicate standard patient management guidelines for commonly encountered toxic exposures;

“(3) to improve national toxic exposure and opioid misuse surveillance by enhancing cooperative activities between poison control centers in the United States and the Centers for Disease Control and Prevention and other governmental agencies;

“(4) to research, improve, and enhance the communications and response capability and capacity of the Nation’s network of poison control centers to facilitate increased access to the centers through the integration and modernization of the current poison control centers communications and data system, including enhancing the network’s telephony, internet, data, and social networking technologies;

“(5) to develop, support, and enhance technology and capabilities of nationally recognized professional organizations in the field of poison control to collect national poisoning, toxic occurrence, and related public health data;

“(6) to develop initiatives to foster the enhanced public health utilization of national poison data collected by such organizations;

“(7) to support and expand the toxicologic expertise within poison control centers; and

“(8) to improve the capacity of poison control centers to answer high volumes of contacts and internet communications, and to sustain and enhance the poison control center’s network capability to respond during times of national crisis or other public health emergencies.

“(c) ACCREDITATION.—Except as provided in subsection (d), the Secretary may award a grant to a poison control center under subsection (a) only if—

“(1) the center has been accredited by a nationally recognized professional organization in the field of poison control, and the Secretary has approved the organization as having in effect standards for accreditation that reasonably provide for the protection of the public health with respect to poisoning; or

“(2) the center has been accredited by a State government, and the Secretary has approved the State government as having in effect standards for accreditation that reasonably provide for the protection of the public health with respect to poisoning.

“(d) WAIVER OF ACCREDITATION REQUIREMENTS.—

“(1) IN GENERAL.—The Secretary may grant a waiver of the accreditation requirements of subsection (c) with respect to a nonaccredited poison control center that applies for a grant under this section if such center can reasonably demonstrate that the center will obtain such an accreditation within a reasonable period of time as determined appropriate by the Secretary.

“(2) RENEWAL.—The Secretary may renew a waiver under paragraph (1).

“(3) LIMITATION.—The Secretary may not, after the date of enactment of the Poison Control Network Enhancement Act of 2018, grant to a poison control center waivers or renewals that total more than 5 years.

“(e) SUPPLEMENT NOT SUPPLANT.—Amounts made available to a poison control center under this section shall be used to supplement and not supplant other Federal, State, or local funds provided for such center.

“(f) MAINTENANCE OF EFFORT.—A poison control center, in utilizing the proceeds of a grant under this section, shall maintain the annual recurring expenditures of the center for its activities at a level that is not less than 80 percent of the average level of such recurring expenditures maintained by the center for the preceding 3 fiscal years for which a grant is received.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$28,600,000 for each of fiscal years 2019 through 2023. The Secretary may utilize an amount not to exceed 6 percent of the amount appropriated pursuant to the preceding sentence for each fiscal year for coordination, dissemination, technical assistance, program evaluation, data activities, and other program administration functions, which are determined by the Secretary to be appropriate for carrying out the program under this section.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I support H.R. 5329, the Poison Center Network Enhancement Act. This is legislation that will reauthorize the national network of poison control centers.

□ 1645

Poison control centers are on the front lines of the opioid crisis. They offer free, confidential, expert medical advice 24 hours a day, 7 days a week. By reauthorizing this essential system resource, we will help reduce visits to the emergency rooms and save countless lives.

I want to thank the leadership of Representative SUSAN BROOKS and ELIOT ENGEL, my colleagues, along with Representatives JOE BARTON and DIANA DEGETTE, who worked hard on this legislation to get it right and get it to the floor in a bipartisan manner and, I would dare say, out of committee in a unanimous vote.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Indiana (Mrs. BROOKS), a leader in this effort.

Mrs. BROOKS of Indiana. Mr. Speaker, I rise today to urge my colleagues to pass H.R. 5329, the Poison Center Network Enhancement Act of 2018, a bill that reauthorizes the national network of poison control centers, as we have heard, that offers free, confidential, expert medical advice 24 hours a day, 7 days a week.

We heard during an Energy and Commerce Health Subcommittee hearing that this past summer the Georgia poison control center was the first public health entity to detect and respond to a deadly opioid outbreak where yellow pills were being sold, stamped with the brand Percocet that, in fact, contained substances chemically similar to fentanyl. Without calls to poison control centers to report this drug, these pills could have gone undetected indefinitely.

Poison control centers are fielding almost 192 cases a day of opioid abuse and misuse. In 1 month alone, there were 9,039 opioid exposures related to poison control centers nationwide. They are essential in combating the opioid crisis because these are the centers that compile the data that can be used to discover hotspots for opioid abuse and misuse and save lives.

I want to thank all my colleagues, especially Representative ENGEL, Representative DEGETTE, and Representative BARTON, who have been strong voices, as well as Chairman WALDEN and Ranking Member PALLONE, for supporting this and so many other impactful bills.

On behalf, most importantly, of the 1,526 Hoosiers who have died of an opioid overdose in 2016, I want to urge my colleagues to pass H.R. 5329.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5329, the Poison Center Network Enhancement Act.

I want to thank Mr. ENGEL, the Democratic sponsor, for his leadership.

Mr. Speaker, I rise in support of H.R. 5329, the Poison Center Network Enhancement Act.

This legislation reauthorizes the Health Resources and Services Administration’s (HRSA) Poison Control Center program.

Poison control centers provide essential support to the public and healthcare providers nationwide.

They assist with guiding the public to appropriate medical care and advise physicians and other healthcare providers on the appropriate medical management whenever an exposure to a poison has occurred.

There are over 70 Poison control centers in the U.S. and U.S. Territories and they serve a vital role in our emergency infrastructure, operating 24 hours a day, 365 days a year.

The centers handle calls concerning over 430,000 different substances, but in recent years have seen a huge increase in calls related to opioid exposure.

Receive nearly 200 consults per day on opioid related exposures alone.

There is no doubt that Poison control centers play a role in fighting the national opioid epidemic.

I support this legislation and continuation of the great work our nation’s Poison Control centers do.

I urge my colleagues to support this bill.

Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Mr. Speaker, I thank my friend from New Jersey for yielding, and I rise in strong support of H.R. 5329, the Poison Center Network Enhancement Act.

I remember when I was a little boy, my mother used to have a poison control number that she taped to the medicine chest so that, if there was ever a tragedy or a problem, we could call the number quickly. This is obviously along those same lines. That is why it is so important for the American people to have this.

I want to thank Congresswoman SUSAN BROOKS. I coauthored the bill with her. I want to thank her for her hard work. It reauthorizes, for an additional 5 years, as the gentlewoman just said, the nationwide network of poison control centers, which are playing a critical role in the fight to end the opioid crisis.

Our country’s 55 poison centers are staffed by trained toxicologists, pharmacists, physicians, and nurses who are available 24 hours a day, 7 days a week, 365 days a year, to provide real-time, lifesaving assistance via a national toll-free number, which is 1-800-222-1222.

In 2016, someone in this country called the poison center roughly every 12 seconds. So it shows you that it is being utilized and it saves lives. More than 90 percent of those calls were due to a poison exposure in someone’s home. More than half of all cases involved children under the age of 12.

That is why speedy access to poison centers is such an invaluable resource and so important, especially for parents.

Poison centers are also saving hundreds of millions in Federal dollars by helping to avoid the unnecessary use of medical services and shortening the amount of time a person spends in the hospital, if hospitalization due to poisoning becomes necessary.

It is clear that these centers are a smart public health investment, but they are also an integral part of our response to the opioid epidemic.

Since 2011, poison centers have handled nearly 200 cases per day in this country involving opioid misuse. Data from poison centers has helped detect trends in the epidemic, and experts have helped educate Americans about the crisis and ways they could potentially save the lives of their loved ones.

The Upstate New York Poison Center, for instance, used the New York State Fair to educate New Yorkers about proper use of naloxone, the overdose reversal drug. This bill would make sure that activities like this can continue.

Mr. Speaker, I had the privilege of coauthoring the last poison center reauthorization signed into law in 2014, and I am pleased to have worked on this important bill.

Again, I want to thank Congresswoman BROOKS for partnering with me on this legislation, as well as Congresswoman DEGETTE and Congressman BARTON for being original cosponsors. Let me also thank Chairman BURGESS, Ranking Member GREEN, Chairman WALDEN, and Ranking Member PALLONE for their assistance in bringing this bill to the floor today.

As I mentioned earlier, in Westchester County, part of which I represent, 124 people died due to opioids in 2016. In the Bronx, part of which I also represent, more New Yorkers died of overdoses than in any other borough of the city of New York.

We must do more to end this epidemic, and I am proud to see this legislation moving forward as part of that effort, again, in a bipartisan manner. I urge my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I have no additional speakers. I urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, this is more important bipartisan legislation moving forward. I have no other speakers. I would encourage passage of the legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5329, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

## ELIMINATING OPIOID RELATED INFECTIOUS DISEASES ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5353) to amend the Public Health Service Act to reauthorize and expand a program of surveillance and education, carried out by the Centers for Disease Control and Prevention, regarding infections associated with injection drug use, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5353

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the “Eliminating Opioid Related Infectious Diseases Act of 2018”.

### SEC. 2. REAUTHORIZATION AND EXPANSION OF PROGRAM OF SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.

Section 317N of the Public Health Service Act (42 U.S.C. 247b-15) is amended to read as follows:

#### “SEC. 317N. SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.

“(a) IN GENERAL.—The Secretary may (directly and through grants to public and nonprofit private entities) provide for programs for the following:

“(1) To cooperate with the States and Indian tribes in implementing or maintaining a surveillance system to determine the incidence of infections commonly associated with illicit drug use, including infections commonly associated with injection drug use such as viral hepatitis, human immunodeficiency virus, and infective endocarditis, and to assist the States in determining the prevalence of such infections, which may include the reporting of cases of such infections.

“(2) To identify, counsel, and offer testing to individuals who are at risk of infections as a result of injection drug use, receiving blood transfusions prior to July 1992, or other risk factors.

“(3) To provide appropriate referrals for counseling, testing, and medical treatment of individuals identified under paragraph (2) and to ensure, to the extent practicable, the provision of appropriate follow-up services.

“(4) To develop and disseminate public information and education programs for the detection and control of infections described in paragraph (1), with priority given to high-risk populations as determined by the Secretary.

“(5) To improve the education, training, and skills of health professionals in the detection and control of infections and the coordination of treatment of addiction and infectious diseases described in paragraph (1), with priority given to substance use disorder treatment providers, pediatricians and other primary care providers, obstetrician-gynecologists, infectious diseases clinicians, and HIV clinicians.

“(b) LABORATORY PROCEDURES.—The Secretary may (directly or through grants to public and nonprofit private entities) carry out programs to provide for improvements in the quality of clinical-laboratory procedures regarding infections described in subsection (a)(1).

“(c) DEFINITIONS.—In this section:

“(1) The term ‘Indian tribe’ has the meaning given that term in section 4 of the Indian

Self-Determination and Education Assistance Act.

“(2) The term ‘injection drug use’ means—  
“(A) intravenous administration of a substance in schedule I under section 202 of the Controlled Substances Act;

“(B) intravenous administration of a substance in schedule II, III, IV, or V under section 202 of the Controlled Substances Act that has not been approved for intravenous use under—

“(i) section 505 of the Federal Food, Drug and Cosmetic Act; or

“(ii) section 351 of the Public Health Service Act; or

“(C) intravenous administration of a substance in schedule II, III, IV, or V under section 202 of the Controlled Substances Act that has not been prescribed to the person using the substance.

“(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$40,000,000 for each of the fiscal years 2019 through 2023.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5353, Eliminating Opioid Related Infectious Diseases Act, which will authorize the CDC, the Centers for Disease Control, to work with States to improve education, surveillance, and treatment of infections associated with injection drug use.

Injection drug use is a well-known route for the transmission of blood-borne infections, particularly human immunodeficiency virus, or HIV, and hepatitis. By supporting a national elimination initiative, H.R. 5353 will help reduce the serious, costly, and life-threatening infections that can be associated with illicit drug use.

I want to thank my colleague, LEONARD LANCE from New Jersey. He has been a real leader in this effort, bringing this to our attention. He wasn't alone. Representative JOE KENNEDY, CHRIS COLLINS, ANNA ESHOO, JOE BARTON, and DORIS MATSUI also were very much involved in the creation of this legislative initiative.

Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. LANCE) to speak on his legislation.

Mr. LANCE. Mr. Speaker, I rise today to offer legislation to combat another front in our battle against the scourge of opioid addiction.

I commend Chairman WALDEN and Dr. BURGESS, Mr. PALLONE, and Mr.



GREEN for their leadership in bringing 26 bills to the floor addressing the many sides of the far-reaching opioid crisis. This epidemic has challenged every community and every walk of life in this Nation.

Today, I offer the Eliminating Opioid Related Infectious Diseases Act, legislation I have had the honor of authoring. My cosponsor is our colleague on the Energy and Commerce Committee, Congressman JOSEPH P. KENNEDY III of Massachusetts.

We must do more to stop the spread of infectious diseases resulting from opioid abuse. I know this is a difficult subject because we are discussing HIV and other related topics, but we need to be honest and realistic about these public health challenges because this is not just about helping those with addiction. Families, including children, are being exposed to terrible infections at an alarming rate.

The Centers for Disease Control and Prevention must implement a plan to turn this tide and combat the public health consequences of these deadly trends. According to surveillance data released last month by the CDC, new cases of hepatitis C rose by a staggering 350 percent nationwide between 2010 and 2016. The time to move, obviously, is now.

This bipartisan endeavor makes sure that the CDC has the tools it needs and that those facing an opioid addiction are educated for the safety of themselves and their families. Our efforts provide the CDC with \$40 million, annually, to carry out this mission.

The Energy and Commerce Committee has produced results for the American people in response to many public health challenges, but especially recently against opioid addiction. The Opioid State Targeted Response grants created by the 21st Century Cures Act delivered \$13 million to my home State of New Jersey and additional resources across the United States. The Comprehensive Addiction and Recovery Act was one of the most important pieces of legislation last Congress.

This bill and the others we are discussing today are in the public health interest of the American people. This is the way Congress should operate: in a bipartisan capacity.

I am very proud to have been involved in this effort. Those who have fallen victim to addiction must be able to reclaim their lives. Stopping the spread of deadly infections will mean one fewer hurdle to overcome.

I urge a "yes" vote on this piece of legislation.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5353, Eliminating Opioid Related Infectious Diseases Act.

As the opioid epidemic has grown, so have infectious diseases related to intravenous opioid drug abuse. These infectious diseases include serious blood-borne illnesses such as HIV, hepatitis B, and hepatitis C, which have dev-

astating health consequences and require long-term treatment.

In 2015, a community in Indiana experienced an outbreak of HIV in over 200 individuals related to intravenous use of oxymorphone. These infections also include infections from skin flora such as MRSA.

Last week, CDC released a report finding that people who inject drugs are more than 16 times more likely to develop invasive MRSA infections. In the midst of an opioid epidemic, it is more important than ever to bolster national surveillance and education efforts on the infectious diseases related to use of IV drugs.

The Eliminating Opioid Related Infectious Diseases Act of 2018, the bill before us, authorizes the CDC to improve surveillance of infections associated with intravenous drug use, such as HIV, infective endocarditis, and MRSA. The CDC can help reduce the rate of infectious diseases from intravenous drug use through the development and distribution of public educational materials on risks associated with intravenous drug use.

This legislation, Mr. Speaker, would also help by improving the education and training of healthcare professionals on how to detect and treat intravenous drug use-associated infections, leading to better management, fewer complications, and overall improved quality of care for those suffering from IV-related infectious diseases.

Mr. Speaker, I urge my colleagues to support this legislation. I have no further speakers, and I yield back the balance of my time.

□ 1700

Mr. WALDEN. Mr. Speaker, I have no other speakers as well. I thank our colleagues for their good work on this bipartisan legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5353, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### SPECIAL REGISTRATION FOR TELEMEDICINE CLARIFICATION ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5483) to impose a deadline for the promulgation of interim final regulations in accordance with section 311(h) of the Controlled Substances Act (21 U.S.C. 831(h)) specifying the circumstances in which a special registration may be issued to a practitioner to engage in the practice of telemedicine, and for other purposes, as amended.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 5483

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Special Registration for Telemedicine Clarification Act of 2018".

#### SEC. 2. DEADLINE FOR INTERIM FINAL REGULATIONS FOR A SPECIAL REGISTRATION TO ENGAGE IN THE PRACTICE OF TELEMEDICINE.

Section 311(h)(2) of the Controlled Substances Act (21 U.S.C. 831(h)(2)) is amended by striking "The Attorney General shall, with the concurrence of the Secretary, promulgate regulations" and inserting "Not later than 1 year after the date of enactment of the Special Registration for Telemedicine Clarification Act of 2018, the Attorney General shall, with the concurrence of the Secretary, promulgate interim final regulations".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, many patients have limited access to mental health and substance use disorder services, particularly Americans who live outside of metropolitan areas. To increase access to specialized care, this legislation requires the Attorney General to issue waivers to healthcare providers to prescribe medication-assisted treatment, or MAT, for emergency situations, like the lack of access to an in-person specialist.

Under a previous version of the bill, the DEA would have had up to 90 days to complete this task. At their request, this committee favorably reported an amendment extending this window to 1 year.

Finalizing the rules for the special waiver process is on the unified agenda of the Justice Department at DEA. That is a signal that they understand the need to implement this provision of law.

We have the opportunity to consider this bill today because of the faithful dedication and thoughtful legislating of Representatives BUDDY CARTER of Georgia and CHERI BUSTOS of Illinois.

Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. CARTER) to speak on this legislation, our resident pharmacist, the only one, I believe, in the entire U.S. House of Representatives, who has



been a terrific asset as we have dealt with these issues of drugs and drug abuse and addiction, or addiction treatment, and trying to find the best paths forward.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding. Mr. Speaker, in 2008 Congress strengthened prohibitions against inappropriately distributing and dispensing controlled substances online by passing the Ryan Haight Online Pharmacy Consumer Protection Act.

The Ryan Haight Act made it illegal for a practitioner to dispense controlled substances through the Internet without at least one in-person patient evaluation. The law included the ability for the Attorney General to issue a special registration to healthcare providers detailing in what circumstances they could prescribe controlled substances via telemedicine in legitimate emergency situations, such as a lack of access to an in-person specialist.

However, the waiver process has never been implemented through regulation. Thus, some patients still do not have access to care that they need.

The Special Registration for Telemedicine Clarification Act directs the Attorney General to promulgate interim final regulations within 1 year after passage of the law. The 62 million Americans living in rural communities are more likely to be older, poorer, and suffer higher rates of chronic disease than their urban counterparts.

Furthermore, a disproportionate number of Americans living in rural communities are struggling with prescription opioid abuse. We must ensure that these individuals are able to access the care that they need.

Mr. Speaker, I urge Members to support this bipartisan legislation co-lead by my colleague across the aisle, Representative BUSTOS, to connect patients with the substance use disorder treatment they need without jeopardizing important safeguards to prevent misuse or diversion.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5483, legislation that will direct the Drug Enforcement Agency to take action to allow registered healthcare practitioners to practice telemedicine. I want to thank our Democratic sponsor, Mrs. BUSTOS from Illinois.

If we are to end the cycle of opioid abuse and addiction, more must be done to help provide those suffering with access to treatment. However, I am optimistic that the legislation before us now authored by Representatives BUSTOS and CARTER will offer one way forward to providing more individuals suffering from addiction with access to treatment by enabling the use of telemedicine.

Telemedicine offers one opportunity to potentially reach more patients who could not otherwise access treatment, whether due to geographic reasons, provider access issues, financial concerns about in-person treatment, or the stigma of seeking treatment.

While DEA has the authority to establish a special registration pathway for purposes of treating a patient via telemedicine, DEA has not acted to do so to date. The Special Registration for Telemedicine Clarification Act of 2018 would direct the Attorney General to issue regulations establishing a special registration process for engaging in the practice of telemedicine within a year of enactment.

This approach will enable telemedicine to finally be deployed in treating patients with addiction, while still allowing DEA to ensure that there are appropriate safeguards in place to mitigate against the use of telemedicine in any manner that could further exacerbate the opioid crisis.

This is practical legislation that I believe will help open access to treatment, and I urge my colleagues to vote in support of the bill.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Illinois (Mrs. BUSTOS), the sponsor of the bill.

Mrs. BUSTOS. Mr. Speaker, the opioid epidemic has claimed the lives of too many across our Nation. Although no corner of our country has remained unscathed, the crisis is worse in rural America, where drug-related deaths are 45 percent higher.

When I travel around my district, a vast district—7,000 square miles, 14 counties—I am told time and time again that access to treatment remains one of the largest barriers to recovery in many of the small towns and rural communities that I serve. We don't have enough doctors. We don't have enough treatment centers. If we don't have those things, too many people don't have a chance.

That is why I worked with my colleague from Georgia, Congressman BUDDY CARTER, who also happens to be a pharmacist, to introduce the Special Registration for Telemedicine Clarification Act, with Democrats and Republicans working together in this endeavor.

This bill is a commonsense measure that cuts through the red tape to provide more treatment options to underserved communities through the use of telemedicine. Saving our sons, our daughters, our brothers, our sisters, our nieces, and our nephews from this epidemic is a priority for Democrats and for Republicans.

Mr. Speaker, I urge my colleagues from both sides of the aisle to support this legislation.

Mr. WALDEN. Mr. Speaker, Members should support this very important legislation.

Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also urge my colleagues to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. FASO). The question is on the motion offered by the gentleman from Oregon

(Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5483, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### ABUSE DETERRENT ACCESS ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5582) to direct the Secretary of Health and Human Services to conduct a study and submit a report on barriers to accessing abuse-deterrent opioid formulations for individuals enrolled in a plan under part C or D of the Medicare program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5582

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Abuse Deterrent Access Act of 2018".

#### SEC. 2. STUDY ON ABUSE-DETERRENT OPIOID FORMULATIONS ACCESS BARRIERS UNDER MEDICARE.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services shall conduct a study and submit to Congress a report on the adequacy of access to abuse-deterrent opioid formulations for individuals with chronic pain enrolled in an MA-PD plan under part C of title XVIII of the Social Security Act or a prescription drug plan under part D of such title of such Act, taking into account any barriers preventing such individuals from accessing such formulations under such MA-PD or part D plans, such as cost-sharing tiers, fail-first requirements, the price of such formulations, and prior authorization requirements.

(b) DEFINITION OF ABUSE-DETERRENT OPIOID FORMULATION.—In this section, the term "abuse-deterrent opioid formulation" means an opioid that is a prodrug or that has certain abuse-deterrent properties, such as physical or chemical barriers, agonist or antagonist combinations, aversion properties, delivery system mechanisms, or other features designed to prevent abuse of such opioid.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to commend Mr. CARTER, Mr. LOEBSACK, and Mr. REED,

bipartisan Members working together on legislation to develop the bipartisan bill.

This Medicare program provides healthcare coverage to more than 58 million of our citizens. Serving the over-age-65 population, Medicare accounts for a large share of total opioid prescriptions, as you might imagine. While many Medicare beneficiaries with serious and very real pain-related conditions are being properly prescribed opioids, we have to be mindful of the potential dangers of diversion and misuse of these very prescriptions.

There is no silver bullet in stopping the opioid crisis in this country, but this legislation before us now will study one potential tool for slowing misuse and diversion of opioids prescribed to the chronic care population. Abuse-deterrent formulations have proven to the Food and Drug Administration that they are harder to abuse because of certain properties they contain.

While no abuse-deterrent formulation is 100 percent resistant to abuse, I think we need to know what policies may be in place that would limit patient access to these drugs for when they are the right option.

I believe this bill is important to inform future discussions on these technologies, and I urge my colleagues to vote "yes" and pass H.R. 5582.

I know Mr. CARTER, again, our resident pharmacist, has been very active in this effort.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON ENERGY AND COMMERCE,  
Washington, DC, June 7, 2018.

Hon. KEVIN BRADY,  
Chairman, Committee on Ways and Means,  
Washington, DC.

DEAR CHAIRMAN BRADY: On May 9 and 17, 2018, the Committee on Energy and Commerce ordered favorably reported over 50 bills to address the opioid epidemic facing communities across our nation. Several of the bills were also referred to the Committee on Ways and Means.

I ask that the Committee on Ways and Means not insist on its referral of the following bills so that they may be scheduled for consideration by the Majority Leader:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act; o H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

This concession in no way affects your jurisdiction over the subject matter of these bills, and it will not serve as precedent for future referrals. In addition, should a conference on the bills be necessary, I would support your request to have the Committee on Ways and Means on the conference committee. Finally, I would be pleased to include this letter and your response in the bill reports and the Congressional Record.

Thank you for your consideration of my request and for the extraordinary cooperation shown by you and your staff over matters of shared jurisdiction. I look forward to further opportunities to work with you this Congress.

Sincerely,

GREG WALDEN,  
Chairman.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON WAYS AND MEANS,  
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,  
Chairman, Committee on Energy and Commerce,  
Washington, DC.

DEAR CHAIRMAN WALDEN: Thank you for your letter concerning several bills favorably reported out of the Committee on Energy and Commerce to address the opioid epidemic and which the Committee on Ways and Means was granted an additional referral.

As a result of your having consulted with us on provisions within these bills that fall within the Rule X jurisdiction of the Committee on Ways and Means, I agree to waive formal consideration of the following bills so that they may move expeditiously to the floor:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

The Committee on Ways and Means takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues that fall within our jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and requests your support for such a request.

Finally, I would appreciate your commitment to include this exchange of letters in the bill reports and the Congressional Record.

Sincerely,

KEVIN BRADY,  
Chairman.

Mr. WALDEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. CARTER), an incredibly important member of our committee.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, each year, approximately 4½ million Americans use prescription pain medications for nonmedical purposes, contributing to 89 deaths per day. Of those who misuse prescription pain relievers, 53 percent reported obtaining them from friends or relatives.

Although past legislative efforts have encouraged innovation in prescription drug regulation, law enforcement, and education, there are still individuals who have severe, legitimate chronic pain and need access to opioids.

Abuse-deterrent formulations, ADFs, represent a breakthrough technology for these individuals that helps prevent the crushing, the snorting, and the injection of painkillers. Currently, many prescription drug plans present barriers to ADFs, including cost-sharing tiers, fail-first requirements, pricing, and prior authorization requirements, all limiting patient access to abuse-deterrent formulations.

This legislation directs the Secretary of Health and Human Services to conduct a study on barriers to accessing abuse-deterrent formulations for chronic pain patients enrolled in Medicare. Solutions to this public health crisis must balance the need to preserve access to effective pain medications for legitimate patients living with pain while minimizing the risk of

opioid misuse and abuse that occurs in our communities.

I am proud to introduce this legislation with my colleague across the aisle, Representative LOEBSACK, and my Ways and Means colleague, Representative REED. I urge Members' support.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this bill would require the Department of Health and Human Services to conduct a study and submit to Congress a report on the adequacy of access to abuse-deterrent opioid formulations for individuals with chronic pain enrolled in Medicare Advantage or part D.

□ 1715

While I am hesitant about the true impact abuse-deterrent formulations can have in addressing this crisis, especially given that these formulations can still lead to opioid dependence and misuse, I also recognize that we must be utilizing every tool available to combat this epidemic.

I am especially glad that this bill includes language to address the price of abuse-deterrent formulations as well. It is critical, when evaluating the adequacy of access, to also study the price of such drug formulations, as cost is a critical component of access.

Mr. Speaker, I support the bill, and I urge my colleagues to support the bill.

I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I urge the same, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5582, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### MANDATORY REPORTING WITH RESPECT TO ADULT BEHAVIORAL HEALTH MEASURES

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5583) to amend title XI of the Social Security Act to require States to annually report on certain adult health quality measures, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5583

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. MANDATORY REPORTING WITH RESPECT TO ADULT BEHAVIORAL HEALTH MEASURES.

Section 1139B of the Social Security Act (42 U.S.C. 1320b-9b) is amended—

(1) in subsection (b)—

(A) in paragraph (3)—

(i) by striking “Not later than January 1, 2013” and inserting the following:

“(A) VOLUNTARY REPORTING.—Not later than January 1, 2013”; and

(ii) by adding at the end the following:

“(B) MANDATORY REPORTING WITH RESPECT TO BEHAVIORAL HEALTH MEASURES.—Beginning with the State report required under subsection (d)(1) for 2024, the Secretary shall require States to use all behavioral health measures included in the core set of adult health quality measures and any updates or changes to such measures to report information, using the standardized format for reporting information and procedures developed under subparagraph (A), regarding the quality of behavioral health care for Medicaid eligible adults.”; and

(B) in paragraph (5), by adding at the end the following new subparagraph:

“(C) BEHAVIORAL HEALTH MEASURES.—Beginning with respect to State reports required under subsection (d)(1) for 2024, the core set of adult health quality measures maintained under this paragraph (and any updates or changes to such measures) shall include behavioral health measures.”; and

(2) in subsection (d)(1)(A)—

(A) by striking “the such plan” and inserting “such plan”; and

(B) by striking “subsection (a)(5)” and inserting “subsection (b)(5) and, beginning with the report for 2024, all behavioral health measures included in the core set of adult health quality measures maintained under such subsection (b)(5) and any updates or changes to such measures (as required under subsection (b)(3))”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would point out to my colleagues, this is the 20th bill in a row we have brought to the floor so far, with a few more to go today. This bill is sponsored by Representatives CLARKE, BLACKBURN, and myself, and it requires States to report on the behavioral health quality measures in CMS' core set of adult health measures.

Now, these measures were created as part of the CHIPRA legislation back in 2009. States have had almost a decade to understand the measures and to report them. So now it is time to make sure that information gets reported so Congress can have a complete view on behavioral healthcare in Medicaid.

You see, these behavioral health measures focus on important issues, such as initiation and adherence to medication and treatment, smoking cessation, screening, and follow-up after hospitalizations.

This legislation is certainly in alignment with our recent efforts to expand mandatory reporting of quality meas-

ures. As a reminder, in the recent Children's Health Insurance Program 10-year—record 10-year—extension, States are now required to report on the pediatric core measures. Now, this legislation before us will provide some parity in requiring the reporting of important behavioral health measures as well.

Mr. Speaker, I urge support of this measure, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5583, which would require all Medicaid programs to report on behavioral health quality measures in Medicaid, and I thank the sponsor, Ms. CLARKE.

The Medicaid behavioral health core set of measures contains 16 key measures used by CMS to measure and evaluate the quality of behavioral healthcare that is being provided by State Medicaid and CHIP agencies. Recently, CMS added two additional measures related to opioids.

The core set is designed to help ensure that those with behavioral healthcare needs are receiving appropriate screening management and follow-up for their mental health conditions, such as substance abuse disorder, including opioid use disorders, ADHD, depression, or schizophrenia.

Currently, the behavioral health core set is a quality measure. However, given the expanse of the opioid epidemic and need to improve mental healthcare quality and coordination for those with substance abuse disorders and all patients, mandatory reporting will ensure we have a standard nationwide dataset on the quality of behavioral health treatment that our beneficiaries receive under Medicaid.

Quality treatment is vital to assist in bolstering our Nation's mental health and substance abuse care and in improving our healthcare system's ability to fight the opioid epidemic. I urge my colleagues to support this legislation.

Mr. Speaker, I yield as much time as she may consume to the gentlewoman from New York (Ms. CLARKE).

Ms. CLARKE of New York. Mr. Speaker, I thank the ranking member for yielding me this time.

Mr. Speaker, I rise today in support of H.R. 5583, which I introduced together with the Representative from Oregon, GREG WALDEN, chairman of our committee, and the Representative from Tennessee, MARSHA BLACKBURN.

As you have heard throughout today's floor debate, more than 115 people die every day from an opioid overdose, and in my hometown of New York City, someone dies every 7 hours from an opioid overdose.

The African American community, in particular, is dying at an alarming rate from opioid abuse. The overdose death rate among African Americans in urban counties rose by 41 percent in 2016.

Mr. Speaker, this is more than an epidemic. This is a full-blown crisis,

and Congress must act to protect our most vulnerable communities.

To address this epidemic, I have introduced a bill that would support the Centers for Medicare and Medicaid Services' efforts to monitor and track quality care, especially in behavioral health related to the use of opioids.

Currently, State reporting on these measures is strictly voluntary. H.R. 5583 would make such reporting mandatory. Doing so allows us to better collect data for research purposes.

H.R. 5583 is one of 57 bills that the House Energy and Commerce Committee has brought forward to combat the opioid crisis. Now is the time for House leadership to bring the issue to a vote.

We need data that will help us understand opioid prevalence and incidence trends amongst our most vulnerable populations. We know that the vast majority of people seeking addiction treatment rely on Medicaid. We require quality reporting in our other Federal health programs. Medicaid beneficiaries deserve the same consideration.

This bill is a bipartisan effort with Representatives WALDEN and BLACKBURN, and this crisis goes beyond a rural or urban issue. From coast to coast, the opioid epidemic has raged in our communities. Regardless of where we are from—urban, suburban, or rural communities—we must come together to find a solution to opioid abuse.

H.R. 5583 enables Congress and our Nation's public health agencies to examine and better understand how to support States in treating substance abuse and opioid use disorders.

Mr. Speaker, instead of undermining and sabotaging the ACA and gutting Medicaid, let's think of the American people first. 115 people die every day from opioid-based overdoses. How many hundreds more before Congress takes action?

This is straightforward policy that will give us insight on how to be most effective in helping our most at-risk communities.

Mr. WALDEN. Mr. Speaker, I thank the gentlewoman from New York, my friend, for her leadership. She is a tireless worker on our committee—on this issue, especially.

Mr. Speaker, I encourage passage of the legislation, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge my colleagues to support the bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5583, a bill to Amend Title XI of the Social Security Act to Require States to Annually Report on Certain Adult Health Quality Measures.

The United States must affirm its role as a leader in domestic care by guaranteeing access to plentiful and accurate information regarding the health of its most vulnerable citizens.

Mr. Speaker, over 67.4 million individuals are enrolled in Medicaid as of March of 2018.

In Texas, Medicaid covers 1 in 14 adults under the age of 65, 1 in 3 low-income individ-

uals, 2 in 5 children, 3 in 5 nursing home residents, and 1 in 3 people with disabilities.

There are currently over 717 thousand open Medicaid cases in Harris County alone.

In addition, to doctor and hospital visits, Medicaid covers long-term services like nursing homes and community-based services that allow people with chronic conditions and disabilities to live independently.

Medicaid covers more than half of all nursing home residents.

H.R. 5583 requires the Centers for Medicare & Medicaid Services to expand its core set of adult health quality measures for Medicaid-eligible adults to include measures specific to behavioral health.

A state Medicaid program must report annually on such measures.

This bill requires States to use all behavioral health measures included in the core set of adult health quality metrics, and any changes to such measures, to be reported regarding the quality of healthcare for Medicaid-eligible adults.

By passing this bill and instituting these reporting requirements, we can ensure equitable attention to healthcare for Medicaid-eligible men and women.

All Americans, no matter their financial circumstances, deserve access to healthcare, and this bill will ensure that discrepancies in care among low-income Americans can be identified and addressed.

Safeguarding the health and healthcare of our citizens is the best way to concretely demonstrate our dedication to their safety and well-being.

It is not only the right thing to do for our citizens; it is the smart thing to do for our nation.

I urge my colleagues to join me in voting for H.R. 5583, a bill that will ensure the healthcare of all Americans can be addressed and improved by requiring annual reports on the health quality of Medicaid-eligible Americans.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5583.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

#### MEDICARE OPIOID SAFETY EDUCATION ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5685) to amend title XVIII of the Social Security Act to provide educational resources regarding opioid use and pain management as part of the Medicare & You handbook.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5685

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Medicare Opioid Safety Education Act of 2018".

#### SEC. 2. PROVISION OF INFORMATION REGARDING OPIOID USE AND PAIN MANAGEMENT AS PART OF MEDICARE & YOU HANDBOOK.

(a) IN GENERAL.—Section 1804 of the Social Security Act (42 U.S.C. 1395b-2) is amended by adding at the end the following new subsection:

“(d) The notice provided under subsection (a) shall include—

“(1) educational resources, compiled by the Secretary, regarding opioid use and pain management; and

“(2) a description of alternative, non-opioid pain management treatments covered under this title.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to notices distributed prior to each Medicare open enrollment period beginning after January 1, 2019.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I commend Representatives FASO, WELCH, and RENACCI. They all worked hard to develop this bipartisan bill, and I thank them for their work.

The Medicare Opioid Safety Education Act directs the Centers for Medicare and Medicaid Services to include information about the risk of opioid use, potential nonopioid pain management treatments, and other relevant information in the Medicare & You handbook that is published annually.

The Medicare programs provide healthcare coverage to over 58 million users. We want to empower every person on Medicare to be able to have a thoughtful conversation with his or her provider about their prescriptions and the possible alternatives. Education is a big part of what we are doing here.

The Medicare & You handbook is provided to every beneficiary and represents an education point for those on opioids and those who may, in the future, need to have a discussion about pain treatment options with their physician.

We are rightfully seizing upon this opportunity to inform as many people as possible and educate them about the long-term opioid use and misuse. It is always a good thing to do. It is another tool in the toolbox when it comes to beneficiary outreach and education.

Mr. Speaker, I urge my colleagues to vote “yes” on H.R. 5685.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON ENERGY AND COMMERCE,  
Washington, DC, June 7, 2018.

Hon. KEVIN BRADY,  
Chairman, Committee on Ways and Means,  
Washington, DC.

DEAR CHAIRMAN BRADY: On May 9 and 17, 2018, the Committee on Energy and Commerce ordered favorably reported over 50 bills to address the opioid epidemic facing communities across our nation. Several of the bills were also referred to the Committee on Ways and Means.

I ask that the Committee on Ways and Means not insist on its referral of the following bills so that they may be scheduled for consideration by the Majority Leader:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

This concession in no way affects your jurisdiction over the subject matter of these bills, and it will not serve as precedent for future referrals. In addition, should a conference on the bills be necessary, I would support your request to have the Committee on Ways and Means on the conference committee. Finally, I would be pleased to include this letter and your response in the bill reports and the Congressional Record.

Thank you for your consideration of my request and for the extraordinary cooperation shown by you and your staff over matters of shared jurisdiction. I look forward to further opportunities to work with you this Congress.

Sincerely,

GREG WALDEN,  
Chairman.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON WAYS AND MEANS,  
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,  
Chairman, Committee on Energy and Commerce,  
Washington, DC.

DEAR CHAIRMAN WALDEN: Thank you for your letter concerning several bills favorably reported out of the Committee on Energy and Commerce to address the opioid epidemic and which the Committee on Ways and Means was granted an additional referral.

As a result of your having consulted with us on provisions within these bills that fall within the Rule X jurisdiction of the Committee on Ways and Means, I agree to waive formal consideration of the following bills so that they may move expeditiously to the floor:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

The Committee on Ways and Means takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues that fall within our jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and requests your support for such a request.

Finally, I would appreciate your commitment to include this exchange of letters in the bill reports and the Congressional Record.

Sincerely,

KEVIN BRADY,  
Chairman.

Mr. WALDEN. Mr. Speaker, I yield as much time as he may consume to the gentleman from New York (Mr. FASO), a very capable and able legislator. This is his legislation, in part, and he has been a real leader in this overall effort, and certainly on this piece of legislation.

Mr. FASO. Mr. Speaker, I thank Chairman WALDEN for all of his leadership and Ranking Member PALLONE for the leadership, on a bipartisan basis, for bringing all these bills to the floor today.

Mr. Speaker, I rise today in support of my legislation, H.R. 5685, the Medicare Opioid Safety Education Act. When enacted, this bill will help to combat the opioid crisis by improving efforts to educate seniors on alternatives to traditional opioid pain medication as they use it through the Medicare part D program.

Nearly one-third of seniors on Medicare part D were prescribed an opioid in 2016—nearly one-third of seniors prescribed an opioid on Medicare part D in 2016. That statistic underlines just how pervasive opioid painkillers are among seniors who are often dealing with issues stemming from chronic pain.

Seniors are given an informational booklet entitled “Medicare & You” prior to becoming Medicare eligible that details the services available to them upon enrollment. Currently, the word “opioid” actually only appears once in this booklet, and, given the national crisis that we are facing of opioid addiction among all segments of our society, that is really not enough. My bill would substantially improve Medicare opioid education by adding available opioid alternatives and additional education information to this handbook for every senior to see.

Mr. Speaker, I thank Chairman WALDEN for all of his hard work on this important issue and for working with us on bringing this legislation to the floor today. I urge all of my colleagues to support this important legislation.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5685, sponsored by Representatives JOHN FASO and PETER WELCH. I commend my colleagues for their work on this important bill.

We know that opioid abuse and misuse is a significant and growing problem in the Medicare population. We know that we need to do more, not only to bring down opioid prescribing, but to make seniors aware of the dangers of opioid addiction and the existence of alternatives.

□ 1730

H.R. 5685 would add educational resources regarding opioid use and nonopioid pain management alternatives to the “Medicare & You” handbook, which is mailed to all Medicare households each fall.

While this is an important bill, I want to underscore that it is incremental and it is limited. I want to reiterate my continuing concern that

while Democrats support working on a legislative package to address the opioid crisis, we must first assure that we do no harm.

The Trump administration and Congressional Republicans' efforts to dismantle the Affordable Care Act would do serious harm to our healthcare system, and to individuals suffering from opioid use disorders specifically.

For instance, the Trump administration continues to undermine the individual market by promoting junk insurance plans, such as short-term limited duration health plans. These plans, which would be medically underwritten and would exclude individuals with preexisting conditions, would make coverage in the Affordable Care Act compliant market much more expensive. This would make coverage for individuals who need comprehensive coverage, such as individuals with opioid use disorders, less affordable and accessible.

The opioids package cannot be considered in a vacuum. Make no mistake, ongoing Republican efforts to sabotage the Affordable Care Act could not only reverse any gains we may make from these efforts today, but will inflict broad, lasting harm to our healthcare system and to our ability to fight the opioid crisis.

Mr. Speaker, I have no additional speakers. I ask my colleagues to support this bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I urge my colleagues to support this very important and bipartisan legislation, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CARTER of Georgia). The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5685.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

#### EMPOWERING PHARMACISTS IN THE FIGHT AGAINST OPIOID ABUSE ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4275) to provide for the development and dissemination of programs and materials for training pharmacists, health care providers, and patients on indicators that a prescription is fraudulent, forged, or otherwise indicative of abuse or diversion, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4275

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Empowering Pharmacists in the Fight Against Opioid Abuse Act".

#### SEC. 2. PROGRAMS AND MATERIALS FOR TRAINING ON CERTAIN CIRCUMSTANCES UNDER WHICH A PHARMACIST MAY DECLINE TO FILL A PRESCRIPTION.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, the Commissioner of Food and Drugs, the Director of the Centers for Disease Control and Prevention, and the Assistant Secretary for Mental Health and Substance Use, shall develop and disseminate programs and materials for training pharmacists, health care providers, and patients on—

(1) circumstances under which a pharmacist may, consistent with section 201 of the Controlled Substances Act (21 U.S.C. 811) and regulations thereunder, including section 1306.04 of title 21, Code of Federal Regulations, decline to fill a prescription for a controlled substance because the pharmacist suspects the prescription is fraudulent, forged, or otherwise indicative of abuse or diversion; and

(2) any Federal requirements pertaining to declining to fill a prescription under such circumstances.

(b) MATERIALS INCLUDED.—In developing materials under subsection (a), the Secretary of Health and Human Services shall include information educating—

(1) pharmacists on how to decline to fill a prescription and actions to take after declining to fill a prescription; and

(2) other health care practitioners and the public on a pharmacist's responsibility to decline to fill prescriptions in certain circumstances.

(c) STAKEHOLDER INPUT.—In developing the programs and materials required under subsection (a), the Secretary of Health and Human Services shall seek input from relevant national, State, and local associations, boards of pharmacy, medical societies, licensing boards, health care practitioners, and patients.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the bill before us today is a product of the chairman's hard work and that of our colleague from California (Mr. DESAULNIER).

As the only pharmacist serving in Congress, Mr. CARTER understands the need to get fraudulent prescriptions off of our streets and give folks on the front line additional tools to combat the opioid crisis. This is why I know he helped author this bipartisan bill, which will require the Secretary of Health and Human Services to develop and disseminate education materials for pharmacists to better detect, and reject, fraudulent prescriptions.

While law enforcement plays a key role in detecting and stopping fraudulent prescriptions, responsibility ultimately lies with pharmacists, who are licensed healthcare professionals. For this reason, we amended the bill at the committee level to originate the materials at the Department of Health and Human Services as opposed to the Justice Department.

As Mr. CARTER has repeatedly said, this bill will complement the DEA's existing efforts, like the Diversion Control Division's Pharmacy Diversion Awareness Conferences held throughout the country, as well as their other meetings, presentations, and seminars.

Mr. Speaker, I urge passage of this legislation, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to express my support for H.R. 4275, legislation that would help pharmacists detect fraudulent prescriptions by requiring the Department of Health and Human Services to develop training materials to provide pharmacists, providers, and patients with a greater understanding of the ability and responsibility of pharmacists to refuse to fill potentially fraudulent or forged prescriptions.

Pharmacists serve on the front lines of the fight against the opioid epidemic. H.R. 4275 would provide pharmacists the tools they need when faced with patients suffering from addiction or with other individuals interested in abusing or misusing controlled substances. Combating fraudulent or forged prescriptions is one step in helping to prevent diversion and reducing the number of opioids available in the supply chain.

Once enacted, HHS would work with the Drug Enforcement Administration, the Substance Abuse and Mental Health Services Administration, and other relevant stakeholders including pharmacists, medical societies, licensing boards, health care providers, and patients to draft and disseminate materials to inform about the circumstances under which a pharmacist may decline to fill a prescription and the federal requirements surrounding such a decision. In addition, HHS will offer guidance on how to decline to fill a prescription and actions to take after doing so.

This will ensure that all parties understand when and why a controlled substance prescription may be declined. H.R. 4275 will empower pharmacists to fight back against forged or altered prescriptions and help prevent opioids from entering the hands of people suffering from addiction or who are at risk of becoming addicted.

I want to thank Representatives DESAULNIER and CARTER for their leadership on this legislation, which is also supported by the National Community Pharmacists Association.

Addressing our national opioid crisis requires an all-hands-on-deck approach, and I am pleased that this legislation recognizes the important role pharmacists can play.

I urge my colleagues to vote in support of H.R. 4275.

Madam Speaker, I yield such time as he may consume to the gentleman from California (Mr. DESAULNIER), the sponsor of the bill, and thank him for his work on this important legislation.



Mr. DESAULNIER. Madam Speaker, I thank Mr. PALLONE for yielding.

Madam Speaker, I rise today to support the Empowering Pharmacists in the Fight Against Opioid Abuse Act.

In 2016, over 53,000 people died of a drug overdose involving an opioid. These are more deaths in one year than the total number of Americans who died in the entire Vietnam war.

According to the CDC, on average, 115 people die every day in America from an opioid overdose. The United States is facing a clear opioid epidemic. We have a little over 4 percent of the world's population, but we consume over 80 percent of the opioids in the world.

There is no simple solution to this growing problem, but the Empowering Pharmacists in the Fight Against Opioid Abuse Act is a step towards addressing it.

This bipartisan bill will require the Department of Health and Human Services and the DEA to develop materials to increase the amount of education done to ensure that pharmacists, physicians, and the public understand that pharmacists have both a right and a responsibility to deny possibly fraudulent prescriptions.

Pharmacists are often the last line of defense in the fight against drug abuse. Pharmacists are currently allowed to exercise sound professional judgment when deciding whether a prescription is legitimate and should be filled. This bill would make sure that everyone in the prescribing chain, from doctors to pharmacists to patients, know what a pharmacist can and should do.

By empowering pharmacists to the fullest extent, we can help reduce the number of opioids on the streets, slow the flow of fraudulent prescriptions, and help fight back against one of the causes of this epidemic.

Madam Speaker, I thank my colleague, Mr. CARTER, from Georgia for his support and expertise as the only pharmacist serving in Congress, in making this bill a reality.

Additionally, I thank the National Community Pharmacists Association for their support, insight and help throughout the process of drafting this bill.

I also thank Chairman WALDEN and Ranking Member PALLONE for their support of this legislation.

Mr. WALDEN. Madam Speaker, I am honored to yield such time as he may consume to the gentleman from Georgia (Mr. CARTER), a co-author of this legislation, and, as you have heard, our only resident pharmacist. He knows this firsthand, and has brought incredible knowledge and skill to the legislative process.

Mr. CARTER of Georgia. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, deaths from drug overdoses have risen in nearly every county across the United States, with 47,055 Americans being lost each year due to overdose, the equivalent of about 115 people every day.

Pharmacists are the last line of defense in the fight against prescription drug abuse.

Under current law, pharmacists are required to exercise sound professional judgment when making a determination about the legitimacy of a controlled substance prescription. While the proper prescribing of controlled substances is a responsibility of the prescribing practitioner, pharmacists have a corresponding responsibility to ensure that controlled substances are only dispensed pursuant to a valid prescription issued for a legitimate medical purpose by a practitioner acting in the usual course of his professional practice.

Even though pharmacists are not law enforcement officers, they play an important role in preventing the use of fraudulent prescriptions at the pharmacy counter.

The Empowering Pharmacists in the Fight Against Opioid Abuse Act would require the Department of Health and Human Services, the Drug Enforcement Administration, and other Federal agencies responsible for combating the opioid epidemic to produce and disseminate materials to pharmacists that provide guidance on when and how to refuse to fill a prescription that the pharmacist believes to be fraudulent.

I urge Members to support this commonsense legislation led by my colleague across the aisle, Representative DESAULNIER, and myself that will help improve the last line of defense against prescription drug abuse in our communities.

Mr. PALLONE. Mr. Speaker, I urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I encourage my colleagues to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BARTON). The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 4275, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### ALTERNATIVES TO OPIOIDS IN THE EMERGENCY DEPARTMENT ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5197) to direct the Secretary of Health and Human Services to conduct a demonstration program to test alternative pain management protocols to limit the use of opioids in emergency departments, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5197

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Alternatives to Opioids in the Emergency Department Act” or the “ALTO Act”.

#### SEC. 2. EMERGENCY DEPARTMENT ALTERNATIVES TO OPIOIDS DEMONSTRATION PROGRAM.

(a) DEMONSTRATION PROGRAM GRANTS.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall carry out a demonstration program under which the Secretary shall award grants to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescription of opioids in emergency departments.

(b) ELIGIBILITY.—To be eligible to receive a grant under subsection (a), a hospital or emergency department shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(c) GEOGRAPHIC DIVERSITY.—In awarding grants under this section, the Secretary shall seek to ensure geographical diversity among grant recipients.

(d) USE OF FUNDS.—Grants under subsection (a) shall be used to—

(1) target common painful conditions, such as renal colic, sciatica, headaches, musculoskeletal pain, and extremity fractures;

(2) train providers and other hospital personnel on protocols and the use of treatments that limit the use and prescription of opioids in the emergency department; and

(3) provide alternatives to opioids to patients with painful conditions, not including patients who present with pain related to cancer, end-of-life symptom palliation, or complex multisystem trauma.

(e) CONSULTATION.—The Secretary shall implement a process for recipients of grants under subsection (a) to consult (in a manner that allows for sharing of evidence-based best practices) with each other and with persons having robust knowledge, including emergency departments and physicians that have successfully deployed alternative pain management protocols, such as non-drug approaches studied through the National Center for Complimentary and Integrative Health including acupuncture that limit the use of opioids. The Secretary shall offer to each recipient of a grant under subsection (a) technical support as necessary.

(f) REPORT TO THE SECRETARY.—Each recipient of a grant under this section shall submit to the Secretary (during the period of such grant) annual reports on the progress of the program funded through the grant. These reports shall include, in accordance with State and Federal statutes and regulations regarding disclosure of patient information—

(1) a description of and specific information about the alternative pain management protocols employed;

(2) data on the alternative pain management protocols and treatments employed, including—

(A) during a baseline period before the program began, as defined by the Secretary;

(B) at various stages of the program, as determined by the Secretary; and

(C) the conditions for which the alternative pain management protocols and treatments were employed;

(3) the success of each specific alternative pain management protocol;

(4) data on the opioid prescriptions written, including—

(A) during a baseline period before the program began, as defined by the Secretary;

(B) at various stages of the program, as determined by the Secretary; and

(C) the conditions for which the opioids were prescribed;

(5) the demographic characteristics of patients who were treated with an alternative pain management protocol, including age, sex, race, ethnicity, and insurance status and type;

(6) data on patients who were eventually prescribed opioids after alternative pain management protocols and treatments were employed; and

(7) any other information the Secretary deems necessary.

(g) REPORT TO CONGRESS.—Not later than one year after completion of the demonstration program under this section, the Secretary shall submit a report to the Congress on the results of the demonstration program and include in the report—

(1) the number of applications received and the number funded;

(2) a summary of the reports described in subsection (f), including standardized data; and

(3) recommendations for broader implementation of pain management protocols that limit the use and prescription of opioids in emergency departments or other areas of the health care delivery system.

(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$10,000,000 for each of fiscal years 2019 through 2021.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support of H.R. 5197, the Alternatives to Opioids in the Emergency Department Act.

Emergency rooms are uniquely positioned to prevent addiction before it starts through the conservative and judicious prescribing of opioids. By establishing a demonstration program to test alternative pain management protocols to limit the use of opioids in hospital emergency departments, H.R. 5197 places emergency rooms on the front lines of defense against this opioid crisis.

Mr. Speaker, I thank Representative PASCRELL and Representative MCKINLEY, along with Representative DEGETTE and Representative TIPTON for leading this important initiative.

Throughout my district in Oregon, I met with victims, families, treatment advocates, medical providers, and law enforcement officers on the front lines of this fight in our communities. That includes Mike Pelfrey of Grants Pass.

The first time I met Mike was at a roundtable in Medford, I think, in southern Oregon. Mike didn't really know anybody in the room. I had in-

vited these folks to come around the table. They were addiction specialists, they were in the treatment programs, and they were law enforcement. I noticed he was there. He had heard the news about our meeting to discuss opioid abuse.

When we had finished going around the table, I said: So what brings you here, sir? And then he told me his family's story.

His son was injured in a school sporting accident and became addicted to the prescription painkillers provided by his medical provider to aid in his recovery.

Eventually, Mike's son made the all-too-familiar transition to a cheaper source. You would know it as heroin. And to this day, his son struggles with his addiction that began with opioid abuse.

Then he went on to talk about his sister, who also suffered from addiction. She was a nurse. His sister found herself with, frankly, a way to get easier access to pills than most. When co-workers and others caught on, she moved and continued her addiction and her ability to procure pills. He said that she died as a result of her addiction.

Mike came to the meeting in hopes that sharing the stories of his son and of his sister could help ensure such tragedies don't happen to other families.

At a more recent meeting I held in southern Oregon, Mike was present once more. During the meeting, Mike urged everyone to make combating the opioid crisis a top priority, saying, "The only way we are going to do it is address it, do something about it, and make this an everyday part of our thought."

Well, Mike, this Congress, we have made addressing this scourge an everyday part of our thoughts and efforts, and we will continue to do so no matter how long it takes to rip this terrible menace out of our communities.

□ 1745

We have an extraordinary opportunity to make important progress in this fight with the legislation before us, all of which reflects the feedback we have heard from people like you and from others at roundtables and meetings in our home districts.

Mr. Speaker, I want to say to Mike: You have been heard. We are acting. We are acting on your behalf and on the behalf of so many other Americans and American families who are dealing with this tragedy.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5197, the Alternatives to Opioids in the Emergency Department Act, introduced by my colleague from New Jersey, Representative PASCRELL.

This legislation would create a demonstration program to support emer-

gency departments in developing, implementing, enhancing, or studying alternative pain management protocols and treatments that limit the use of prescription opioids in emergency departments.

Supporting the development of additional protocols for alternatives to opioid medications as proposed by this bill can help reduce the number of those put at risk of addiction and lead to fewer fatal and nonfatal overdoses.

Mr. Speaker, I encourage my colleagues to support this legislation.

Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. PASCRELL), the sponsor of this bill.

Mr. PASCRELL. Mr. Speaker, I rise today in support of H.R. 5197, the Alternatives to Opioids, ALTO, in the Emergency Department Act.

I would like to thank Chairman WALDEN and Ranking Member PALLONE for their work, not only today, but leading up to today. This is moving quickly on us. They have reviewed the legislation very carefully and have offered very, very good advice on all of these pieces of legislation. The leadership here is outstanding.

Mr. Speaker, I want to give a special thank you to my colleague, DAVID MCKINLEY, who sponsored this legislation with me and has been an essential partner.

I am glad to see this body come together in a bipartisan manner to address a problem that is ravaging every corner of our districts.

I believe the bills being considered today should be seen as only a small part of an ongoing discussion and, more importantly, resources needed to reverse the unyielding trend of this epidemic.

Opioids are contributing to 115 people dying a day. If you go back to the HIV epidemic at the end of the 1980s and early 1990s, you will see similar numbers. Until we educated ourselves and people, we still were in the 19th century with that disease. In the 1990s, we had no idea how to solve that epidemic, and we finally did.

Today, we do know how to prevent, how to halt, and how to reverse the horrific trend of substance use disorder, which continues to be on the rise.

We need to make sure the front lines have the resources to address it. I believe a major piece of the equation is prevention. That is why I introduced this Alternatives to Opioids legislation, which enjoys strong bipartisan support.

The ALTO program was pioneered at St. Joseph's Medical Center in the city I have lived in all my life, Paterson, New Jersey. They started in the emergency room, Mr. Speaker, and now they are moving to other departments to use alternatives that are legitimate.

The president of that hospital, Kevin Slavin, and the head of Emergency Medicine, Dr. Mark Rosenberg, implemented innovative protocols to use

nonopioid treatments to address some of the most common painful conditions, like acute backache and headaches.

In its first 2 years, St. Joe's ALTO model has already led to an 82 percent reduction in opioid prescriptions. I think that is a big deal.

St. Joseph's has been replicating this model, as I said, beyond the emergency department to other departments. They are also teaching ALTO to other States and other hospitals that are now seeing similar success.

While ending the opioid epidemic will require a multifaceted approach, the initial success of this program and others like it are worthy of broader study and implementation. I recommend that, Mr. Speaker.

This bill establishes a demonstration program to test alternative pain management. Those protocols should be limited to the use of opioids in emergency departments. The Secretary of Health and Human Services will then report on the results of the program and make recommendations for broader implementation.

This bill will empower healthcare providers to prevent unnecessary opioids from getting into patients' hands and ultimately stop countless overdoses.

My motto for dealing with a zero tolerance, which I taught in the classroom, is the fact that we need to prevent these things from happening: No market, no sale. That is the center of everything I do in terms of drug prevention, because we are not going to pass enough legislation until the culture itself rids our inner sanctums of having to deal with our devils and have to deal with those things that get us off track every day, whether you are a student or an adult.

Mr. Speaker, I thank the gentlemen for their cooperation.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

I want to commend the gentleman for bringing this to our attention with his colleagues. That was part of what we did back on Member Day. I think it was in October. We had 50 Members. I don't recall specifically whether Mr. PASCRELL brought it to us there or some other time, but we are taking these real-life experiences from our districts, the things that work, and saying: This works. We know it works. It works in our hospital. It works in our town, and we are saying it can work nationwide.

We are taking ideas, like my friend from New Jersey has brought, Mr. Speaker, to our committee and now to this House floor. We are saying, let's apply this nationwide.

Together, we can overcome this epidemic. We must overcome this epidemic. It is in our ability to do this.

Mr. Speaker, I just say to the gentleman and my friend that we are not done, just as we weren't done 2 years ago when we modernized America's mental health laws. At that point, Mr.

Murphy of Pennsylvania was here and gave us great counsel about how to do that. We put money in to deal with opioids then, that and 21st Century Cures that Mr. UPTON and Ms. DEGETTE helped lead the effort on.

I know at NIH they are working day and night, as they are in other institutions, to find a nonaddictive pain management medicine. We wish them Godspeed in that effort, Mr. Speaker.

Mr. Speaker, I again thank my friend from New Jersey for bringing this to us. This is the kind of legislation that will save lives, prevent tragedy. We are going to get it passed here in a bipartisan, unanimous way, I do believe, in a matter of seconds.

Mr. Speaker, I urge my Members to support this bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support, urge my colleagues to support this bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5197, the Alternatives to Opioids in the Emergency Department Act, or the ALTO Act.

Mr. Speaker, our nation faces an opioid crisis.

H.R. 5197, the ALTO Act, directs the Secretary of Health and Human Services to conduct a demonstration program to test alternative pain management protocols to limit the use of opioids in hospitals and emergency departments.

Opioids contributed to the deaths of more than 42,000 people in 2016, more than any year on official record.

Forty percent of all opioid overdose deaths involve a prescription opioid.

The economic burden of prescription opioid misuse in the United States is estimated to be \$78.5 billion dollars per year.

This figure includes costs stemming from health care, including addiction treatment, lost productivity, and criminal justice involvement.

Over 200 million opioid prescriptions are written in the United States each year, and 2 million Americans have the symptoms of substance use disorder.

Approximately 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.

In Texas, 4 percent of the population reports using pain relievers for non-medical purposes.

Harris County, which contains my home district, has a pain medication misuse rate of 3.91 percent.

The time for action is now.

H.R. 5197, the ALTO Act, directs Health and Human Services to carry out a 3-year demonstration program which awards grants to hospitals and emergency departments to develop, implement, enhance, or study alternative pain management protocols and treatments that promote the appropriate limited use of opioids.

Emergency departments in several States, including in New Jersey and Colorado, have developed innovative programs to more widely utilize non-opioid pain treatments to reduce the use of opioids.

We must learn from these attempts and initiate a national program to limit the overuse of opioids in emergency settings.

However, it is important to realize that some groups, such as African Americans, are underprescribed pain management medications.

We must balance these new programs that work to reduce over-prescription with our continued efforts to ensure that medically necessary treatment be provided to people in need.

H.R. 5197, the ALTO Act, is especially important for my district and the greater Houston area.

Houston is home to many world-renowned trauma centers including Ben Taub and Memorial Hermann.

These centers have extensive emergency medical services and they, along with hospitals around the state and the nation, will benefit greatly from the support this bill provides.

Mr. Speaker, it is time for Congress to intervene before opioids claim the lives of more Americans.

The Alternatives to Opioids in the Emergency Department Act, or the ALTO Act is a necessary step towards stopping this opioid crisis.

I urge my colleagues to join me in supporting H.R. 5197, the ALTO Act, to prevent opioid addiction at the source and ensure that this crisis is stopped.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5197, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

## PEER SUPPORT COMMUNITIES OF RECOVERY ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5587) to amend the Public Health Service Act to authorize certain recovery services grants to be used to establish regional technical assistance centers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5587

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Peer Support Communities of Recovery Act".

### SEC. 2. BUILDING COMMUNITIES OF RECOVERY.

Section 547 of the Public Health Service Act (42 U.S.C. 290ee-2) is amended—

(1) in subsection (a)—

(A) in the heading, by striking "DEFINITION" and inserting "DEFINITIONS";

(B) in the matter preceding paragraph (1), by striking "In this section, the term 'recovery community organization' means an independent nonprofit organization that—" and inserting "In this section:";

(C) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and moving such subparagraphs (as so redesignated) 2 ems to the right;

(D) by inserting before subparagraph (A) (as so redesignated) the following:

"(1) RECOVERY COMMUNITY ORGANIZATION.—The term 'recovery community organization' means an independent nonprofit organization that—" and

(E) by adding at the end the following:  
“(2) ELIGIBLE ENTITY.—The term ‘eligible entity’ means—

“(A) a national nonprofit entity focused on substance use disorder with a network of local affiliates and partners that are geographically and organizationally diverse; or

“(B) a nonprofit organization—

“(i) focused on substance use disorder;

“(ii) established by individuals in personal or family recovery; and

“(iii) serving prevention, treatment, recovery, payor, faith-based, and criminal justice stakeholders in the implementation of local addiction and recovery initiatives.”;

(2) in subsection (b)—

(A) by striking “The Secretary shall award grants to recovery community organizations” and inserting “The Secretary—

“(1) shall award grants to recovery community organizations”;

(B) by striking “services.” and inserting “services and allow such organizations to use such grant funds to carry out the activities described in subparagraphs (A) through (C) of subsection (c)(2); and”;

(C) by adding at the end the following:

“(2) may award grants to eligible entities for purposes of establishing regional technical assistance centers, in accordance with subsection (c)(2)(D).”;

(3) by striking subsection (c);

(4) by redesignating subsections (d) and (e) as subsections (c) and (d), respectively;

(5) in subsection (c) (as so redesignated)—

(A) in paragraph (1), by striking “shall be used” and inserting “to a recovery community organization shall be used”;

(B) in paragraph (2)—

(i) in subparagraph (A), in the matter preceding clause (i), by inserting before “build” the following: “in the case of a grant awarded to a recovery community organization.”;

(ii) in subparagraph (B)—

(I) by inserting before “reduce” the following: “in the case of a grant awarded to a recovery community organization.”; and

(II) by striking “and” at the end;

(iii) in subparagraph (C)—

(I) by inserting before “conduct” the following: “in the case of a grant awarded to a recovery community organization.”; and

(II) by striking the period at the end and inserting “; and”;

(iv) by adding at the end the following:

“(D) in the case of a grant awarded to an eligible entity, provide for the establishment of regional technical assistance centers to provide regional technical assistance for the following:

“(i) Implementation of regionally driven, peer-delivered addiction recovery support services before, during, after, or in conjunction with addiction treatment.

“(ii) Establishment of recovery community organizations.

“(iii) Establishment of recovery community centers.”; and

(6) in subsection (d) (as so redesignated), by inserting before the period the following: “, and \$15,000,000 for each of fiscal years 2019 through 2023”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support for H.R. 5587. This is the Peer Support Communities of Recovery Act.

This legislation will support the peer support specialist workforce by authorizing the Department of Health and Human Services to award grants to peer support specialist organizations for the development and expansion of recovery services. Peer support specialists, peer recovery coaches, are health workers who provide treatment linkages to individuals suffering from substance use disorder and support services to those newly in recovery.

The gentleman from New Mexico (BEN RAY LUJÁN) and the gentleman from Ohio (Mr. JOHNSON) have helped lead and put this in bipartisan terms and bring it to us today. I appreciate their hard work on this initiative.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5587, the Peer Support Communities of Recovery Act.

I want to thank Mr. LUJÁN for sponsoring this bill, but also for being the major sponsor of many of the pieces of legislation that we have discussed today and we are passing today as part of this opioid package.

This bill would amend the existing Communities of Recovery grant program to allow SAMHSA to provide funding for regional technical assistance centers. These centers would provide technical assistance for the implementation of regionally driven, peer-delivered addiction recovery support services, establishment of recovery community organizations, and establishment of recovery community centers.

Mr. Speaker, I urge my colleagues to support this legislation.

Mr. Speaker, I yield such time as he may consume to the gentleman from New Mexico (Mr. BEN RAY LUJÁN).

Mr. BEN RAY LUJÁN of New Mexico. Mr. Speaker, I thank Mr. PALLONE for the time and for his leadership. I thank Chairman WALDEN and his team for their work on this important piece of legislation, and, again, special recognition of the work of Mr. JOHNSON and his staff of Ohio for being so willing to work on this important policy and for the incredible team that he has assembled as well.

Mr. Speaker, I rise today in support of the Peer Support Communities of Recovery Act.

Anyone who has heard me speak about opioids knows that I believe strongly that to address this opioid epidemic, we must address our Nation's workforce challenges. We have phenomenal providers in New Mexico, and Mr. JOHNSON has them in Ohio, but what we both know is that we don't have enough of them.

This is a numbers game. Unfortunately, the number of people with substance use disorder far surpasses the number of providers and treatment staff. That is where peer support recovery specialists come in.

For those of you who haven't heard me talk about this or who did not tune in to hear our Energy and Commerce Committee witnesses throughout the hearing process, peer support recovery specialists are people who have lived and experienced, sadly, the challenges with substance abuse, who have fought against their addiction and are in recovery, and who have received training to help others who are in the midst of the fight now. Peer support recovery specialists provide immediate, ongoing support and treatment linkages to individuals in recovery.

As Carlene Deal-Smith, a peer support recovery specialist of the Totah Behavioral Health Authority program in Farmington, New Mexico, testified:

Being able to connect to our patients both through our shared heritage and shared struggles with addiction has allowed me to function as a bridge between them, the staff, and the community. This work has enabled me to be effective as a community support worker and mentor. Most importantly, I am living proof that recovery can happen.

These people provide an incredibly important service to the community. Peer support programs also mean jobs for individuals who may not otherwise find those opportunities. Ms. Deal-Smith explained to us this job got her through hard times in her own journey with substance use and made her feel proud to serve the community and help her people in such an important way.

I am grateful that the House has acknowledged the importance of these programs, and I am hopeful that the Senate will do the same very soon.

□ 1800

Mr. WALDEN. Mr. Speaker, I have no further speakers on this matter and would encourage my colleagues to support this legislation.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5587, the Peer Support Communities of Recovery.

H.R. 5587 provides for the establishment of regional assistance centers to implement addiction recovery support services throughout an individual's treatment.

Everyday, over 100 people in the United States die from opioid related drug overdoses, while over 11.5 million people misuse prescription opioids.

In 2016, the Centers for Disease Control and Prevention (CDC) report cited 63,632 drug overdose deaths in the U.S., with a linearly increasing trend.

In Texas, there were 1,375 opioid-related overdose deaths and within Houston alone, there were 364 drug-related overdose deaths that happened in 2016 according to the Treatment Center.

The U.S. is going through a serious drug abuse epidemic and the resources available for recovering addicts are currently limited in variability.



Peer support services are unique in that they allow for individuals with common experiences to share their stories of recovery with the people who might be seeking help.

Through self-help and shared support, people are able to offer strength and hope to their peers, which allows for personal growth, promotes wellness, and encourages recovery.

Examples of peer support include: peer mentoring or coaching; peer recovery resource connecting; recovery group facilitation; and community building.

In Houston, we have peer support programs that exist for both adults and youth through the Houston Health Department and Houston Recovery Center.

H.R. 5587 authorizes programs, similar to the ones that are having a positive impact in Houston, to be established across the country to serve other communities.

I urge my colleagues to join me in supporting H.R. 5587 to ensure that we are addressing substance abuse in the United States as efficiently as possible.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5587, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

## CREATING OPPORTUNITIES THAT NECESSITATE NEW AND ENHANCED CONNECTIONS THAT IMPROVE OPIOID NAVIGATION STRATEGIES ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5812) to amend the Public Health Service Act to authorize the Director of the Centers for Disease Control and Prevention to carry out certain activities to prevent controlled substances overdoses, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5812

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the “Creating Opportunities that Necessitate New and Enhanced Connections That Improve Opioid Navigation Strategies Act of 2018” or the “CONNECTIONS Act”.

### SEC. 2. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

#### “SEC. 399V-7. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

“(a) EVIDENCE-BASED PREVENTION GRANTS.—

“(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention may—

“(A) to the extent practicable, carry out any evidence-based prevention activity described in paragraph (2);

“(B) provide training and technical assistance to States, localities, and Indian tribes

for purposes of carrying out any such activity; and

“(C) award grants to States, localities, and Indian tribes for purposes of carrying out any such activity.

“(2) EVIDENCE-BASED PREVENTION ACTIVITIES.—An evidence-based prevention activity described in this paragraph is any of the following activities:

“(A) With respect to a State, improving the efficiency and use of the State prescription drug monitoring program by—

“(i) encouraging all authorized users (as specified by the State) to register with and use the program and making the program easier to use;

“(ii) enabling such users to access any updates to information collected by the program in as close to real-time as possible;

“(iii) providing for a mechanism for the program to automatically flag any potential misuse or abuse of controlled substances and any detection of inappropriate prescribing practices relating to such substances;

“(iv) enhancing interoperability between the program and any electronic health records system, including by integrating the use of electronic health records into the program for purposes of improving clinical decisionmaking;

“(v) continually updating program capabilities to respond to technological innovation for purposes of appropriately addressing a controlled substance overdose epidemic as such epidemic may occur and evolve;

“(vi) facilitating data sharing between the program and the prescription drug monitoring programs of neighboring States; and

“(vii) meeting the purpose of the program established under section 399O, as described in section 399O(a).

“(B) Achieving community or health system interventions through activities such as—

“(i) establishing or improving controlled substances prescribing interventions for insurers and health systems;

“(ii) enhancing the use of evidence-based controlled substances prescribing guidelines across sectors and health care settings; and

“(iii) implementing strategies to align the prescription of controlled substances with the guidelines described in clause (ii).

“(C) Evaluating interventions to better understand what works to prevent overdoses, including those involving prescription and illicit controlled substances.

“(D) Implementing projects to advance an innovative prevention approach with respect to new and emerging public health crises and opportunities to address such crises, such as enhancing public education and awareness on the risks associated with opioids.

“(b) ENHANCED SURVEILLANCE OF CONTROLLED SUBSTANCE OVERDOSE GRANTS.—

“(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention may—

“(A) to the extent practicable, carry out any controlled substance overdose surveillance activity described in paragraph (2);

“(B) provide training and technical assistance to States for purposes of carrying out any such activity;

“(C) award grants to States for purposes of carrying out any such activity; and

“(D) coordinate with the Assistant Secretary for Mental Health and Substance Use to collect data pursuant to section 505(d)(1)(A) (relating to the number of individuals admitted to the emergency rooms of hospitals as a result of the abuse of alcohol or other drugs).

“(2) CONTROLLED SUBSTANCE OVERDOSE SURVEILLANCE ACTIVITIES.—A controlled substance overdose surveillance activity described in this paragraph is any of the following activities:

“(A) Enhancing the timeliness of reporting data to the public, including data on fatal and nonfatal overdoses of controlled substances.

“(B) Enhancing comprehensiveness of data on controlled substances overdoses by collecting information on such overdoses from appropriate sources such as toxicology reports, autopsy reports, death scene investigations, and other risk factors.

“(C) Using data to help identify risk factors associated with controlled substances overdoses.

“(D) With respect to a State, supporting entities involved in providing information to inform efforts within the State, such as by coroners and medical examiners, to improve accurate testing and reporting of causes and contributing factors to controlled substances overdoses.

“(E) Working to enable information sharing regarding controlled substances overdoses among data sources.

“(c) DEFINITIONS.—In this section:

“(1) CONTROLLED SUBSTANCE.—The term ‘controlled substance’ has the meaning given that term in section 102 of the Controlled Substances Act.

“(2) INDIAN TRIBE.—The term ‘Indian tribe’ has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act.

“(d) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section and section 399O, there is authorized to be appropriated \$486,000,000 for each of fiscal years 2019 through 2023.”.

### SEC. 3. PRESCRIPTION DRUG MONITORING PROGRAM.

Section 399O of the Public Health Service Act (42 U.S.C. 280g-3) is amended to read as follows:

#### “SEC. 399O. PRESCRIPTION DRUG MONITORING PROGRAM.

“(a) PROGRAM.—

“(1) IN GENERAL.—Each fiscal year, the Secretary, in consultation with the Director of National Drug Control Policy, acting through the Director of the Centers for Disease Control and Prevention, the Assistant Secretary for Mental Health and Substance Use, and the National Coordinator for Health Information Technology, shall support States for the purpose of improving the efficiency and use of PDMPs, including—

“(A) establishment and implementation of a PDMP;

“(B) maintenance of a PDMP;

“(C) improvements to a PDMP by—

“(i) enhancing functional components to work toward—

“(I) universal use of PDMPs among providers and their delegates, to the extent that State laws allow, within a State;

“(II) more timely inclusion of data within a PDMP;

“(III) active management of the PDMP, in part by sending proactive or unsolicited reports to providers to inform prescribing; and

“(IV) ensuring the highest level of ease in use and access of PDMPs by providers and their delegates, to the extent that State laws allow;

“(ii) improving the intrastate interoperability of PDMPs by—

“(I) making PDMPs more actionable by integrating PDMPs within electronic health records and health information technology infrastructure; and

“(II) linking PDMP data to other data systems within the State, including—

“(aa) the data of pharmacy benefit managers, medical examiners and coroners, and the State’s Medicaid program;

“(bb) worker’s compensation data; and

“(cc) prescribing data of providers of the Department of Veterans Affairs and the Indian Health Service within the State;

“(iii) improving the interstate interoperability of PDMPs through—

“(I) sharing of dispensing data in near-real time across State lines; and

“(II) integration of automated queries for multistate PDMP data and analytics into clinical workflow to improve the use of such data and analytics by practitioners and dispensers; or

“(iv) improving the ability to include treatment availability resources and referral capabilities within the PDMP.

“(2) STATE LEGISLATION.—As a condition on the receipt of support under this section, the Secretary shall require a State to demonstrate that the State has enacted legislation or regulations—

“(A) to provide for the implementation of the PDMP; and

“(B) to permit the imposition of appropriate penalties for the unauthorized use and disclosure of information maintained by the PDMP.

“(b) PDMP STRATEGIES.—The Secretary shall encourage a State, in establishing, improving, or maintaining a PDMP, to implement strategies that improve—

“(1) the reporting of dispensing in the State of a controlled substance to an ultimate user so the reporting occurs not later than 24 hours after the dispensing event;

“(2) the consultation of the PDMP by each prescribing practitioner, or their designee, in the State before initiating treatment with a controlled substance, or any substance as required by the State to be reported to the PDMP, and over the course of ongoing treatment for each prescribing event;

“(3) the consultation of the PDMP before dispensing a controlled substance, or any substance as required by the State to be reported to the PDMP;

“(4) the proactive notification to a practitioner when patterns indicative of controlled substance misuse by a patient, including opioid misuse, are detected;

“(5) the availability of data in the PDMP to other States, as allowable under State law; and

“(6) the availability of nonidentifiable information to the Centers for Disease Control and Prevention for surveillance, epidemiology, statistical research, or educational purposes.

“(c) DRUG MISUSE AND ABUSE.—In consultation with practitioners, dispensers, and other relevant and interested stakeholders, a State receiving support under this section—

“(1) shall establish a program to notify practitioners and dispensers of information that will help to identify and prevent the unlawful diversion or misuse of controlled substances; and

“(2) may, to the extent permitted under State law, notify the appropriate authorities responsible for carrying out drug diversion investigations if the State determines that information in the PDMP maintained by the State indicates an unlawful diversion or abuse of a controlled substance.

“(d) EVALUATION AND REPORTING.—As a condition on receipt of support under this section, the State shall report on interoperability with PDMPs of other States and Federal agencies, where appropriate, intrastate interoperability with health information technology systems such as electronic health records, health information exchanges, and e-prescribing, where appropriate, and whether or not the State provides automatic, up-to-date, or daily information about a patient when a practitioner (or the designee of a practitioner, where permitted) requests information about such patient.

“(e) EVALUATION AND REPORTING.—A State receiving support under this section shall provide the Secretary with aggregate non-

identifiable information, as permitted by State law, to enable the Secretary—

“(1) to evaluate the success of the State's program in achieving the purpose described in subsection (a); or

“(2) to prepare and submit to the Congress the report required by subsection (i)(2).

“(f) EDUCATION AND ACCESS TO THE MONITORING SYSTEM.—A State receiving support under this section shall take steps to—

“(1) facilitate prescribers and dispensers, and their delegates, as permitted by State law, to use the PDMP, to the extent practicable; and

“(2) educate prescribers and dispensers, and their delegates on the benefits of the use of PDMPs.

“(g) ELECTRONIC FORMAT.—The Secretary may issue guidelines specifying a uniform electronic format for the reporting, sharing, and disclosure of information pursuant to PDMPs.

“(h) RULES OF CONSTRUCTION.—

“(1) FUNCTIONS OTHERWISE AUTHORIZED BY LAW.—Nothing in this section shall be construed to restrict the ability of any authority, including any local, State, or Federal law enforcement, narcotics control, licensure, disciplinary, or program authority, to perform functions otherwise authorized by law.

“(2) ADDITIONAL PRIVACY PROTECTIONS.—Nothing in this section shall be construed as preempting any State from imposing any additional privacy protections.

“(3) FEDERAL PRIVACY REQUIREMENTS.—Nothing in this section shall be construed to supersede any Federal privacy or confidentiality requirement, including the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191; 110 Stat. 2033) and section 543 of this Act.

“(4) NO FEDERAL PRIVATE CAUSE OF ACTION.—Nothing in this section shall be construed to create a Federal private cause of action.

“(i) PROGRESS REPORT.—Not later than 3 years after the date of enactment of the CONNECTIONS Act, the Secretary shall—

“(1) complete a study that—

“(A) determines the progress of States in establishing and implementing PDMPs consistent with this section;

“(B) provides an analysis of the extent to which the operation of PDMPs has—

“(i) reduced inappropriate use, abuse, diversion of, and overdose with, controlled substances;

“(ii) established or strengthened initiatives to ensure linkages to substance use disorder treatment services; or

“(iii) affected patient access to appropriate care in States operating PDMPs;

“(C) determine the progress of States in achieving interstate interoperability and intrastate interoperability of PDMPs, including an assessment of technical, legal, and financial barriers to such progress and recommendations for addressing these barriers;

“(D) determines the progress of States in implementing near real-time electronic PDMPs;

“(E) provides an analysis of the privacy protections in place for the information reported to the PDMP in each State receiving support under this section and any recommendations of the Secretary for additional Federal or State requirements for protection of this information;

“(F) determines the progress of States in implementing technological alternatives to centralized data storage, such as peer-to-peer file sharing or data pointer systems, in PDMPs and the potential for such alternatives to enhance the privacy and security of individually identifiable data; and

“(G) evaluates the penalties that States have enacted for the unauthorized use and disclosure of information maintained in PDMPs, and the criteria used by the Secretary to determine whether such penalties qualify as appropriate for purposes of subsection (a)(2); and

“(2) submit a report to the Congress on the results of the study.

“(j) ADVISORY COUNCIL.—

“(1) ESTABLISHMENT.—A State may establish an advisory council to assist in the establishment, improvement, or maintenance of a PDMP consistent with this section.

“(2) LIMITATION.—A State may not use Federal funds for the operations of an advisory council to assist in the establishment, improvement, or maintenance of a PDMP.

“(3) SENSE OF CONGRESS.—It is the sense of the Congress that, in establishing an advisory council to assist in the establishment, improvement, or maintenance of a PDMP, a State should consult with appropriate professional boards and other interested parties.

“(k) DEFINITIONS.—For purposes of this section:

“(1) The term ‘controlled substance’ means a controlled substance (as defined in section 102 of the Controlled Substances Act) in schedule II, III, or IV of section 202 of such Act.

“(2) The term ‘dispense’ means to deliver a controlled substance to an ultimate user by, or pursuant to the lawful order of, a practitioner, irrespective of whether the dispenser uses the internet or other means to effect such delivery.

“(3) The term ‘dispenser’ means a physician, pharmacist, or other person that dispenses a controlled substance to an ultimate user.

“(4) The term ‘interstate interoperability’ with respect to a PDMP means the ability of the PDMP to electronically share reported information with another State if the information concerns either the dispensing of a controlled substance to an ultimate user who resides in such other State, or the dispensing of a controlled substance prescribed by a practitioner whose principal place of business is located in such other State.

“(5) The term ‘intrastate interoperability’ with respect to a PDMP means the integration of PDMP data within electronic health records and health information technology infrastructure or linking of a PDMP to other data systems within the State, including the State's Medicaid program, workers' compensation programs, and medical examiners or coroners.

“(6) The term ‘nonidentifiable information’ means information that does not identify a practitioner, dispenser, or an ultimate user and with respect to which there is no reasonable basis to believe that the information can be used to identify a practitioner, dispenser, or an ultimate user.

“(7) The term ‘PDMP’ means a prescription drug monitoring program that is State-controlled.

“(8) The term ‘practitioner’ means a physician, dentist, veterinarian, scientific investigator, pharmacy, hospital, or other person licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which the individual practices or does research, to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

“(9) The term ‘State’ means each of the 50 States, the District of Columbia, and any commonwealth or territory of the United States.

“(10) The term ‘ultimate user’ means a person who has obtained from a dispenser, and who possesses, a controlled substance for the



person's own use, for the use of a member of the person's household, or for the use of an animal owned by the person or by a member of the person's household.

“(11) The term ‘clinical workflow’ means the integration of automated queries for prescription drug monitoring programs data and analytics into health information technologies such as electronic health record systems, health information exchanges, and/or pharmacy dispensing software systems, thus streamlining provider access through automated queries.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this is our last bill of the day on opioids. This is the 25th piece of legislation that we have worked through, not only our committee, but also now the House floor.

I rise in strong support of H.R. 5812, the CONNECTIONS Act. Now, this legislation enhances and improves state-run prescription drug monitoring programs. These are really, really important. Prescription drug monitoring programs or, as they are known, PDMPs, are useful tools in helping identify and deter drug misuse and diversion. They allow health prescribers to identify patients exhibiting risky behaviors and assist those individuals in getting help.

By strengthening the current efforts of the Centers for Disease Control and Prevention, in coordination with the Substance Abuse and Mental Health Services Administration, and the Office of the National Coordinator for Health Information Technology, the CONNECTIONS Act will help make state-run PDMPs more easily accessible, more user-friendly, more accurate, and better integrated across the country.

So I want to thank my colleague from Virginia, Representative Morgan Griffith, a terrific member of our committee, Vice Chair of the Oversight and Investigations Subcommittee, who has done a lot of work investigating pill dumping and patient brokering and the kind of abuses we have seen that have helped to inform our legislation they have done over on the Oversight and Investigations Subcommittee. He will speak in just a minute.

I want to thank my colleague from New Jersey, Representative FRANK PALLONE as well, and Representative BRIAN FITZPATRICK from Pennsylvania.

They have all worked together on this really, really important improvement.

Mr. Speaker, I yield such time as he may consume to the gentleman from Virginia (Mr. GRIFFITH).

Mr. GRIFFITH. Mr. Speaker, I thank the chairman and Ranking Member PALLONE for his help on this bill.

The CONNECTIONS Act, as the chairman has stated, deals with state-run prescription drug monitoring programs which are widely recognized as an important tool in fighting the opioid epidemic. These programs enable providers to better identify patients who may be at risk for abuse of opioid prescriptions. This is a critical first step in preventing abuse by those who may be vulnerable.

The bill will improve Federal support for state-run prescription drug monitoring programs to empower those States to successfully implement improvements and build off of their existing programs.

Now, the legislation facilitates more widespread use by the providers. So what we are trying to do is, right now we have 49 of 50 States that have PDMPs or prescription drug monitoring programs. They all are trying to talk to each other.

And particularly, when you have a district like mine, which kind of forms a sort of a triangle in the southwest corner of Virginia, you can get to West Virginia, Kentucky, North Carolina, and Tennessee all within a single day, without any problem. And if you are a physician in those areas, you need to know if your patient may have driven a few miles across the line in an attempt to get more prescription drugs than maybe they ought to be taking.

So what the PDMPs are supposed to do is to let the physician know what is going on. But if our State prescription drug monitoring programs don't have the ability to talk to one another or interact efficiently, that creates a delay or a dilemma for the physician who is trying to do the right thing and monitor what is going on and see about those who may be vulnerable or about to step into an arena that they really don't want to get into, but they are suffering pain and they think this is the way to go. We want to stop that. We want to help the physicians.

What this bill does is it allows the physicians and allows the PDMPs run by the States to have more interactivity between the two or between the three or four or five, as the case may be, as it would be in my district.

So the PDMPs are especially valuable for districts like mine, as we have discussed; and the pharmacies and doctors in other States who are just a stone's throw away who can come back in and check to see what is going on. This legislation will give these States that ability. It is a good, bipartisan bill, and I do appreciate Ranking Member PALLONE for working on this with me in a bipartisan fashion.

I also appreciate greatly the leadership of our chairman, Chairman WAL-

DEN, for making this a major issue and allowing us to put forward so many bills, both this week and next, that deal with this very serious concern; and this is one step in the right direction to making sure that we try to ensure that folks don't go down the path of abuse.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume; and I rise in support of H.R. 5812, the CONNECTIONS Act.

I was pleased to work with Representative GRIFFITH on this bipartisan legislation. This bill authorizes funding to enhance and improve State prescription drug monitoring programs, among other prevention efforts. This legislation codifies CDC's Prevention for States program, which includes funding to improve State prescription drug monitoring programs, or PDMPs.

As part of that program, the CDC will implement the activities described in the National All Schedules Prescription Electronic Reporting, or NASPER Act, which I was pleased to see receive funding this year. As the original Democratic sponsor of NASPER, I have been a longtime champion of PDMPs as public health tools that can prevent and respond to opioid abuse.

The role of PDMPs in the current opioid epidemic has proven why our longtime interests and push for investments in this space is so critical.

As the technology has matured, we have moved from working toward the goal of ensuring the interstate sharing of PDMP data, to now aiming to make PDMPs more interconnected real-time, and usable for public health surveillance and clinical decisionmaking.

Continuing to strengthen PDMPs will improve our ability to prevent addiction from occurring in the first place and help identify individuals who could benefit from treatment for opioid use disorder.

I wanted to urge my colleagues, obviously, to support this legislation.

Mr. Speaker, I know we have been here, I guess, for about 4 hours now, and we are done with these suspension bills that are part of this opioid package, and I don't mean to negate in any way this package, I do think it is important. But I still want to say, as we conclude today, I want to express my concern that collectively these bills that we are considering do not go far enough in providing the resources necessary for an epidemic of this magnitude. There are 115 Americans dying every day, and we have to ensure that people have access to treatment. The bills the House is debating and will pass this afternoon and over the next 2 weeks do not do enough to expand treatment for millions suffering from this crisis.

I would also be remiss, again, if I did not also mention the Republicans' ongoing efforts to repeal the Affordable Care Act and gut Medicaid and take away critical protections for people with preexisting conditions.

The Justice Department just announced, under President Trump and

Attorney General Sessions, that they are not going to defend a lawsuit that is being brought by Republican attorneys general in many States that would basically say that the Affordable Care Act does not have to protect people anymore from preexisting conditions.

When discussing the opioid crisis on the floor this week and next, I urge my colleagues to remember that protecting and expanding access to care is the most critical piece of the puzzle, and any efforts to roll back the Affordable Care Act, such as another Republican-led attempt to repeal the ACA or gut Medicaid, will hurt those people who need it most.

I am pleased to support this bill in this package and the other bills that we considered on suspension today, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER), our resident pharmacist, to speak on the legislation.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

I would also like to thank my colleague, Mr. GRIFFITH, for all his work on this very important legislation. I would also like to thank him for including language that requires a report on the impact of PDMPs on patient access to appropriate care. This is critical for epilepsy patients that can face barriers to accessing their Schedule V non-narcotic drugs necessary to control their seizures.

Several epilepsy medications are classified as Schedule V and, therefore, fall under monitoring requirements, despite the fact that they are non-opioid, non-narcotic, and there is no evidence to indicate that these medications are being abused by people with epilepsy. This has led to unnecessary delays in access to their prescribed therapy.

A handful of States have passed legislation that removes non-narcotic drugs from reporting requirements. As we work through legislation intended to combat the opioid crisis, we need to ensure that we do not limit access to legitimate care, especially to non-narcotic drugs.

Mr. WALDEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. FITZPATRICK), who is a co-author of this very important piece of legislation.

Mr. FITZPATRICK. Mr. Speaker, the opioid epidemic is devastating communities within my district and across the country. In the last year alone, Bucks County, Pennsylvania, has lost 232 individuals in drug-related deaths; a staggering 26 percent increase from 2016.

As vice-chair of the Bipartisan Heroin Task Force, I am proud to rise today in strong support of H.R. 5812, the CONNECTIONS Act.

While my district is just one area in the Nation that is struggling to cope with the opioid crisis, I believe the

CONNECTIONS Act will provide officials on the ground the necessary training techniques and resources they need to turn the tide on this epidemic.

As a longtime proponent of States fully utilizing prescription drug monitoring programs to track controlled substance purchases, I am proud of the PDMP enhancements in this bipartisan bill.

Our Nation's drug epidemic is a complicated issue, Mr. Speaker, and our response must be multifaceted. This means a reduction in the unnecessary dispensing of prescriptions, which could be accomplished by tracking and reporting information that allows physicians, pharmacists, and other health professionals to make informed clinical decisions and to identify troubling trends.

I would like to thank my colleague from Virginia, Mr. GRIFFITH, for his leadership on this important piece of legislation, and I urge my colleagues on both sides of the aisle to support the passage of the CONNECTIONS Act.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

In conclusion, I just want to thank my colleagues on both sides of the aisle for their incredible tenacity, their hard work, bringing from their districts and from the people they represent these ideas to formulate solutions that we are now going to enact into law and move over to the Senate. We will pass them here and move them over to the Senate and eventually into law.

I would also point out that, starting in 2016, 2017, Republicans in this Congress passed CARA, and the 21st Century Cures Act, putting over \$1.2 billion into the efforts to combat the opioid epidemic. And then we doubled down, literally and figuratively, and even more than that, I think we have got \$4 billion in the latest spending bill directed specifically at opioids, and another couple of billion at mental health services. Both of these are big needs for our communities and for our citizens, both led by Republicans and the Trump administration in terms of this most latest investment in the fight on opioids.

And I know President Trump and the administration do a lot of work on their own through using their executive powers, their administrative powers to address the problems of the opioid epidemic through the various agencies of the Federal Government. Not only are they leading on that, but they are also partnering with our States and our local communities.

We have got to make sure the money that we appropriate gets all the way to the ground, gets into these community organizations that are on the front lines of helping people get into treatment, helping them get the services that they need.

□ 1815

It has record funding going in. It helps when we change these laws to modernize them so that people can get

access to the care they need and they deserve, and together, we are going to solve this problem.

It is a big step forward, 25 bills today. We will have more later in this week and another 25 or 30 next week. We know that this is an ongoing challenge for our country. It will be an ongoing effort for our committee.

Mr. Speaker, I urge passage of this particular piece of legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5812.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

## RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 6 o'clock and 16 minutes p.m.), the House stood in recess.

□ 1830

## AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DUNN) at 6 o'clock and 30 minutes p.m.

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Suspending the rules and passing H.R. 5327;

Suspending the rules and passing H.R. 5041; and

Agreeing to the Speaker's approval of the Journal, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

## COMPREHENSIVE OPIOID RECOVERY CENTERS ACT OF 2018

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5327) to amend title V of the Public Health Service Act to establish a grant program to create comprehensive opioid recovery centers, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. CARTER) that the House suspend the rules and pass the bill, as amended.

The vote was taken by electronic device, and there were—yeas 383, nays 13, not voting 31, as follows:

[Roll No. 258]

YEAS—383

Abraham	DeSaulnier	Kind
Adams	DesJarlais	King (IA)
Aderholt	Deutch	Kinzing
Aguilar	Diaz-Balart	Knight
Allen	Dingell	Krishnamoorthi
Amodei	Doggett	Kuster (NH)
Arrington	Donovan	Kustoff (TN)
Babin	Doyle, Michael	Labrador
Bacon	F.	LaHood
Banks (IN)	Duffy	LaMalfa
Barletta	Duncan (SC)	Lamb
Barr	Dunn	Lamborn
Barragán	Emmer	Lance
Barton	Engel	Langevin
Bass	Eshoo	Larsen (WA)
Bera	Españillat	Larson (CT)
Bergman	Esty (CT)	Latta
Beyer	Evans	Lawrence
Bishop (GA)	Faso	Lawson (FL)
Bishop (MI)	Ferguson	Lee
Bishop (UT)	Fitzpatrick	Lesko
Black	Fleischmann	Levin
Blum	Flores	Lewis (GA)
Blumenauer	Fortenberry	Lewis (MN)
Blunt Rochester	Foster	Lieu, Ted
Bonamici	Fox	Lipinski
Bost	Frankel (FL)	LoBiondo
Boyle, Brendan	Frelinghuysen	Loeb
F.	Fudge	Lofgren
Brady (TX)	Gabbard	Long
Brat	Gallagher	Loudermilk
Brooks (IN)	Gallego	Love
Brown (MD)	Garamendi	Lowenthal
Brownley (CA)	Gianforte	Lowey
Buchanan	Gibbs	Lucas
Bucshon	Gomez	Luetkemeyer
Budd	Gonzalez (TX)	Lujan Grisham,
Burgess	Goodlatte	M.
Bustos	Gottheimer	Luján, Ben Ray
Butterfield	Granger	Lynch
Byrne	Graves (GA)	MacArthur
Calvert	Graves (LA)	Maloney,
Capuano	Graves (MO)	Carolyn B.
Carbajal	Green, Gene	Maloney, Sean
Cárdenas	Griffith	Marino
Carson (IN)	Grijalva	Marshall
Carter (GA)	Grothman	Mast
Carter (TX)	Guthrie	Matsui
Cartwright	Gutiérrez	McCarthy
Castor (FL)	Hanabusa	McCaul
Castro (TX)	Handel	McCollum
Chabot	Harris	McEachin
Cheney	Hartzler	McGovern
Chu, Judy	Hastings	McHenry
Ciçilline	Heck	McKinley
Clark (MA)	Hensarling	McMorris
Clarke (NY)	Herrera Beutler	Rodgers
Clay	Higgins (LA)	McNerney
Cleaver	Higgins (NY)	McSally
Clyburn	Hill	Meadows
Coffman	Himes	Meeks
Cohen	Holding	Meng
Cole	Hollingsworth	Messer
Collins (GA)	Hudson	Mitchell
Collins (NY)	Huffman	Moolenaar
Comer	Huizenga	Mooney (WV)
Comstock	Hultgren	Moore
Conaway	Hunter	Moulton
Connolly	Hurd	Mullin
Cook	Issa	Nadler
Cooper	Jackson Lee	Napolitano
Correa	Jayapal	Neal
Costa	Jeffries	Newhouse
Courtney	Jenkins (KS)	Noem
Cramer	Johnson (GA)	Nolan
Crist	Johnson (LA)	Norcross
Crowley	Johnson (OH)	Norman
Cuellar	Johnson, E. B.	Nunes
Culberson	Johnson, Sam	O'Halleran
Cummings	Jordan	O'Rourke
Curbelo (FL)	Joyce (OH)	Olson
Curtis	Kaptur	Palazzo
Davidson	Katko	Pallone
Davis (CA)	Keating	Palmer
Davis, Rodney	Kelly (IL)	Panetta
DeFazio	Kelly (MS)	Pascrell
DeGette	Kelly (PA)	Paulsen
Delaney	Kennedy	Payne
DelBene	Khanna	Pearce
Demings	Kihuen	Pelosi
Denham	Kildee	Perlmutter
DeSantis	Kilmer	Perry

The vote was taken by electronic device, and there were—yeas 398, nays 0, not voting 29, as follows:

[Roll No. 259]

YEAS—398

Abraham	DelBene	Kaptur
Adams	Demings	Katko
Aderholt	Denham	Keating
Aguilar	DeSantis	Kelly (IL)
Allen	DeSaulnier	Kelly (MS)
Amash	DesJarlais	Kelly (PA)
Amodei	Deutch	Kennedy
Arrington	Diaz-Balart	Khanna
Babin	Dingell	Kihuen
Bacon	Doggett	Kildee
Banks (IN)	Donovan	Kilmer
Barletta	Doyle, Michael	Kind
Barr	F.	King (IA)
Barragán	Duffy	Kinzing
Barton	Duncan (SC)	Knight
Bass	Duncan (TN)	Krishnamoorthi
Bera	Dunn	Kuster (NH)
Bergman	Emmer	Kustoff (TN)
Beyer	Engel	Labrador
Biggs	Eshoo	LaHood
Bishop (GA)	Españillat	LaMalfa
Bishop (MI)	Esty (CT)	Lamb
Bishop (UT)	Evans	Lamborn
Black	Faso	Lance
Blum	Ferguson	Langevin
Blumenauer	Fitzpatrick	Larsen (WA)
Blunt Rochester	Fleischmann	Larson (CT)
Bonamici	Flores	Latta
Bost	Fortenberry	Lawrence
Boyle, Brendan	Foster	Lawson (FL)
F.	Fox	Lee
Brady (TX)	Frankel (FL)	Lesko
Brat	Frelinghuysen	Levin
Brooks (AL)	Fudge	Lewis (GA)
Brooks (IN)	Gabbard	Lewis (MN)
Brown (MD)	Gaetz	Lieu, Ted
Brownley (CA)	Gallagher	Lipinski
Buchanan	Gallego	LoBiondo
Buck	Garamendi	Loeb
Bucshon	Garrett	Lofgren
Budd	Gianforte	Long
Burgess	Gibbs	Loudermilk
Bustos	Gohmert	Love
Butterfield	Gomez	Lowenthal
Byrne	Gonzalez (TX)	Lowey
Calvert	Goodlatte	Lucas
Capuano	Gosar	Luetkemeyer
Carbajal	Gottheimer	Lujan Grisham,
Cárdenas	Granger	M.
Carson (IN)	Graves (GA)	Luján, Ben Ray
Carter (GA)	Graves (LA)	Lynch
Carter (TX)	Graves (MO)	MacArthur
Cartwright	Green, Gene	Maloney,
Castor (FL)	Griffith	Carolyn B.
Castro (TX)	Grijalva	Maloney, Sean
Chabot	Grothman	Marino
Cheney	Guthrie	Marshall
Chu, Judy	Gutiérrez	Massie
Ciçilline	Hanabusa	Mast
Clark (MA)	Handel	Matsui
Clarke (NY)	Harris	McCarthy
Clay	Hartzler	McCaul
Cleaver	Hastings	McCollum
Clyburn	Heck	McEachin
Coffman	Hensarling	McGovern
Cohen	Herrera Beutler	McHenry
Cole	Hice, Jody B.	McKinley
Collins (GA)	Higgins (LA)	McMorris
Collins (NY)	Higgins (NY)	McMorris
Comer	Hill	Rodgers
Comstock	Himes	McNerney
Conaway	Holding	McSally
Connolly	Hollingsworth	Meadows
Cook	Hudson	Meeks
Cooper	Huffman	Meng
Correa	Huizenga	Messer
Costa	Hultgren	Mitchell
Courtney	Hunter	Moolenaar
Cramer	Hurd	Mooney (WV)
Crist	Issa	Moore
Crowley	Jackson Lee	Moulton
Cuellar	Jayapal	Mullin
Culberson	Jeffries	Nadler
Cummings	Jenkins (KS)	Napolitano
Curbelo (FL)	Johnson (GA)	Neal
Curtis	Johnson (LA)	Newhouse
Davidson	Johnson (OH)	Noem
Davis (CA)	Johnson, E. B.	Nolan
Davis, Rodney	Johnson, Sam	Norcross
DeFazio	Jones	Norman
DeGette	Jordan	Nunes
Delaney	Joyce (OH)	O'Halleran

NAYS—13

Amash	Gaetz
Biggs	Garrett
Brooks (AL)	Gosar
Buck	Hice, Jody B.
Duncan (TN)	Jones

NOT VOTING—31

Beatty	Gowdy	Roskam
Bilirakis	Green, Al	Sanford
Blackburn	Harper	Sires
Brady (PA)	Hoyer	Swalwell (CA)
Costello (PA)	Jenkins (WV)	Taylor
Crawford	King (NY)	Titus
Davis, Danny	Marchant	Visclosky
DeLauro	Murphy (FL)	Walz
Ellison	Rooney, Francis	Wilson (FL)
Estes (KS)	Rooney, Thomas	Wilson (SC)
Gohmert	J.	

□ 1858

Mr. FASO changed his vote from “nay” to “yea.”

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

### SAFE DISPOSAL OF UNUSED MEDICATION ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5041) to amend the Controlled Substances Act to authorize the employees of a hospice program to handle controlled substances in the residence of a deceased hospice patient to assist in disposal, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, as amended.

This is a 5-minute vote.

O'Rourke  
Olson  
Palazzo  
Pallone  
Palmer  
Panetta  
Pascarell  
Paulsen  
Payne  
Pearce  
Pelosi  
Perlmutter  
Perry  
Peters  
Peterson  
Pingree  
Pittenger  
Pocan  
Poe (TX)  
Poliquin  
Polis  
Posey  
Price (NC)  
Quigley  
Raskin  
Ratcliffe  
Reed  
Reichert  
Renacci  
Rice (NY)  
Rice (SC)  
Richmond  
Roby  
Roe (TN)  
Rogers (AL)  
Rogers (KY)  
Rohrabacher  
Rokita  
Rooney, Thomas J.  
Ros-Lehtinen  
Rosen  
Ross

Rothfus  
Rouzer  
Roybal-Allard  
Royce (CA)  
Ruiz  
Ruppersberger  
Rush  
Russell  
Rutherford  
Ryan (OH)  
Sánchez  
Sarbanes  
Scalise  
Schakowsky  
Schiff  
Schneider  
Schrader  
Schweikert  
Scott (VA)  
Scott, Austin  
Scott, David  
Sensenbrenner  
Serrano  
Sessions  
Sewell (AL)  
Shea-Porter  
Sherman  
Shimkus  
Shuster  
Simpson  
Sinema  
Smith (MO)  
Smith (NE)  
Smith (NJ)  
Smith (TX)  
Smith (WA)  
Smucker  
Soto  
Speler  
Stefanik  
Stewart  
Stivers  
Suozi

Takano  
Tenney  
Thompson (CA)  
Thompson (MS)  
Thompson (PA)  
Thornberry  
Tipton  
Tonko  
Torres  
Trott  
Tsongas  
Turner  
Upton  
Valadao  
Vargas  
Veasey  
Vela  
Velázquez  
Wagner  
Walberg  
Walden  
Walker  
Walorski  
Walters, Mimi  
Wasserman  
Schultz  
Waters, Maxine  
Watson Coleman  
Weber (TX)  
Webster (FL)  
Welch  
Wenstrup  
Westerman  
Williams  
Wittman  
Womack  
Woodall  
Yarmuth  
Yoder  
Yoho  
Young (AK)  
Young (IA)  
Zeldin

## NOT VOTING—29

Beatty  
Bilirakis  
Blackburn  
Brady (PA)  
Costello (PA)  
Crawford  
Davis, Danny  
DeLauro  
Ellison  
Estes (KS)

Gowdy  
Green, Al  
Harper  
Hoyer  
Jenkins (WV)  
King (NY)  
Marchant  
Murphy (FL)  
Rooney, Francis  
Roskam

Sanford  
Sires  
Swalwell (CA)  
Taylor  
Titus  
Visclosky  
Walz  
Wilson (FL)  
Wilson (SC)

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1905

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

The title of the bill was amended so as to read: “A bill to amend the Controlled Substances Act to authorize the employees of a hospice program to handle controlled substances lawfully in the possession of a deceased hospice patient for the purpose of disposal.”.

A motion to reconsider was laid on the table.

## THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. PITTENGER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.  
The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 224, nays 159, answered “present” 1, not voting 43, as follows:

[Roll No. 260]

## YEAS—224

Abraham  
Adams  
Aderholt  
Allen  
Amodei  
Arrington  
Bacon  
Banks (IN)  
Barletta  
Barr  
Barton  
Bishop (UT)  
Black  
Blumenauer  
Blunt Rochester  
Bonamici  
Brady (TX)  
Brat  
Brooks (IN)  
Brown (MD)  
Buchanan  
Buchson  
Budd  
Bustos  
Butterfield  
Byrne  
Calvert  
Carson (IN)  
Carter (TX)  
Cartwright  
Castro (TX)  
Chabot  
Cheney  
Chu, Judy  
Clay  
Clyburn  
Cole  
Collins (GA)  
Collins (NY)  
Comstock  
Cook  
Cooper  
Courtney  
Cramer  
Culberson  
Curtis  
Davidson  
Davis (CA)  
Davis, Rodney  
DeGette  
DelBene  
Demings  
DeSantis  
Desaulnier  
DesJarlais  
Deutch  
Dingell  
Dionovon  
Duffy  
Duncan (TN)  
Dunn  
Engel  
Eshoo  
Evans  
Ferguson  
Fleischmann  
Fortenberry  
Foster  
Frankel (FL)  
Frelinghuysen  
Gabbard  
Gallego  
Gianforte  
Gibbs  
Gonzalez (TX)  
Goodlatte  
Granger

Graves (LA)  
Griffith  
Grothman  
Guthrie  
Hanabusa  
Hendler  
Harris  
Hartzler  
Heck  
Hensarling  
Higgins (LA)  
Higgins (NY)  
Himes  
Hollingsworth  
Huffman  
Hultgren  
Jayapal  
Johnson (GA)  
Johnson (LA)  
Johnson, Sam  
Kaptur  
Katko  
Kelly (MS)  
Kelly (PA)  
Kennedy  
Kildee  
King (IA)  
Krishnamoorthi  
Kuster (NH)  
Kustoff (TN)  
Labrador  
LaHood  
LaMalfa  
Lamb  
Lamborn  
Larsen (WA)  
Larson (CT)  
Latta  
Lawrence  
Lesko  
Lewis (MN)  
Lipinski  
Long  
Loudermilk  
Lowenthal  
Lowe  
Lucas  
Luetkemeyer  
Lujan Grisham, M.  
Luján, Ben Ray  
Maloney, Carolyn B.  
Marino  
Marshall  
Massie  
Matsui  
McCarthy  
McCaul  
McClintock  
McCollum  
McEachin  
McHenry  
McMorris  
Rodgers  
McNerney  
Meadows  
Meeks  
Meng  
Mitchell  
Mooney (WV)  
Moore  
Moulton  
Mullin  
Nadler  
Napolitano  
Newhouse

Noem  
Norman  
Nunes  
O'Rourke  
Olson  
Pascarell  
Pelosi  
Perlmutter  
Peters  
Pingree  
Pocan  
Polis  
Raskin  
Renacci  
Rice (NY)  
Rice (SC)  
Roby  
Roe (TN)  
Rogers (KY)  
Rohrabacher  
Rooney, Thomas J.  
Ross  
Rothfus  
Roybal-Allard  
Royce (CA)  
Ruppersberger  
Rush  
Russell  
Rutherford  
Ryan (OH)  
Scalise  
Schiff  
Schneider  
Scott (VA)  
Scott, Austin  
Scott, David  
Sensenbrenner  
Sessions  
Shea-Porter  
Sherman  
Shimkus  
Simpson  
Smith (MO)  
Smith (NE)  
Smith (NJ)  
Smith (TX)  
Smith (WA)  
Smucker  
Speier  
Stefanik  
Stewart  
Suozi  
Takano  
Thornberry  
Torres  
Trott  
Tsongas  
Vela  
Velázquez  
Wagner  
Walden  
Walker  
Walorski  
Walters, Mimi  
Wasserman  
Schultz  
Waters, Maxine  
Webster (FL)  
Welch  
Williams  
Womack  
Yarmuth  
Yoho  
Young (IA)

## NAYS—159

Aguilar  
Amash  
Babin  
Barragán  
Bass  
Bera  
Bergman  
Beyer

Biggs  
Bishop (GA)  
Bishop (MI)  
Blum  
Boyle, Brendan F.  
Brooks (AL)  
Brownley (CA)

Buck  
Burgess  
Capuano  
Carbajal  
Cárdenas  
Carter (GA)  
Castor (FL)  
Cicilline

Clark (MA)  
Clarke (NY)  
Cleaver  
Coffman  
Cohen  
Comer  
Conaway  
Connolly  
Correa  
Costa  
Crist  
Crowley  
Cummings  
Curbelo (FL)  
DeFazio  
Delaney  
Denham  
Diaz-Balart  
Doyle, Michael F.  
Duncan (SC)  
Emmer  
Españillat  
Esty (CT)  
Faso  
Fitzpatrick  
Flores  
Flood  
Fudge  
Gaetz  
Gallagher  
Garamendi  
Garrett  
Gohmert  
Gomez  
Gosar  
Gottheimer  
Graves (GA)  
Graves (MO)  
Green, Gene  
Hastings  
Herrera Beutler  
Hice, Jody B.  
Hill  
Holding  
Hudson

Huizenga  
Hunter  
Hurd  
Jackson Lee  
Jeffries  
Jenkins (KS)  
Johnson (OH)  
Johnson, E. B.  
Jones  
Jordan  
Joyce (OH)  
Keating  
Kelly (IL)  
Khanna  
Kihuen  
Kilmer  
Kind  
Kinzinger  
Knight  
Lance  
Langevin  
Lawson (FL)  
Lee  
Levin  
Lewis (GA)  
Lieu, Ted  
LoBiondo  
Loebach  
Lofgren  
Love  
Lynch  
MacArthur  
Maloney, Sean  
Mast  
McGovern  
McKinley  
McSally  
Moolenaar  
Neal  
Nolan  
Norcross  
O'Halloran  
Palazzo  
Pallone  
Palmer  
Panetta

Paulsen  
Payne  
Perry  
Peterson  
Pittenger  
Poe (TX)  
Poliquin  
Posey  
Price (NC)  
Quigley  
Ratcliffe  
Reed  
Reichert  
Richmond  
Rogers (AL)  
Rokita  
Ros-Lehtinen  
Rosen  
Rouzer  
Ruiz  
Sánchez  
Sarbanes  
Schakowsky  
Schrader  
Serrano  
Sewell (AL)  
Sinema  
Soto  
Stivers  
Tenney  
Thompson (CA)  
Thompson (MS)  
Thompson (PA)  
Tipton  
Upton  
Valadao  
Vargas  
Veasey  
Walberg  
Watson Coleman  
Weber (TX)  
Woodall  
Yoder  
Young (AK)  
Zeldin

## ANSWERED “PRESENT”—1

Tonko

## NOT VOTING—43

Beatty  
Bilirakis  
Blackburn  
Bost  
Brady (PA)  
Costello (PA)  
Crawford  
Cuellar  
Davis, Danny  
DeLauro  
Doggett  
Ellison  
Estes (KS)  
Gowdy  
Green, Al

Grijalva  
Gutiérrez  
Harper  
Hoyer  
Issa  
Jenkins (WV)  
King (NY)  
Marchant  
Messer  
Murphy (FL)  
Pearce  
Rooney, Francis  
Roskam  
Sanford  
Schweikert

Shuster  
Sires  
Swalwell (CA)  
Taylor  
Titus  
Turner  
Visclosky  
Walz  
Wenstrup  
Westerman  
Wilson (FL)  
Wilson (SC)  
Wittman

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1913

So the Journal was approved.

The result of the vote was announced as above recorded.

## PERSONAL EXPLANATION

Mr. BILIRAKIS. Mr. Speaker, on Tuesday, June 12, 2018, I was unavoidably detained and was unable to make votes that evening. Had I been present, I would have voted “yea” for rollcall 258, H.R. 5327—Comprehensive Opioid Recovery Centers Act; rollcall 259, H.R. 5041—Safe Disposal of Unused Medication Act; and, rollcall 260, Approval of the Journal.

REPORT ON H.R. 6072, TRANSPORTATION, HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2019

Mr. DIAZ-BALART, from the Committee on Appropriations, submitted a privileged report (Rept. No. 115-750) on the bill (H.R. 6072) making appropriations for the Department of Transportation, and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2019, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

□ 1915

RECOGNIZING JAMIE DUPREE

(Ms. ROS-LEHTINEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. ROS-LEHTINEN. Mr. Speaker, I rise tonight to recognize an innovative journalist, Jamie Dupree, who is an example of perseverance in the face of adversity.

Jamie is a familiar face to all of us in the Capitol, covering the goings-on and not-goings-on of Congress. However, he was stricken with Tongue Protrusion Dystonia, which left him unable to speak—a radio reporter unable to speak.

Never one to let adversity get him down, Jamie enlisted the help of a company named CereProc, which, using his old audio archives, built a Jamie Dupree voice app. When paired with a text-to-speech program, Jamie will be able to type a radio story, and the program will generate a recorded report in his new voice.

Mr. Speaker, Jamie Dupree is an example for every American who has been afflicted with disease. Tenacious, intelligent, determined, he is a credit to his esteemed and essential profession, the media, and to his organization, the Cox Media Group.

Way to go, Jamie Dupree. We are all with you, buddy.

MIGRANT FAMILY SEPARATION

(Mr. LANGEVIN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LANGEVIN. Mr. Speaker, I rise today with an aching heart for the innocent children being ripped from their parents' arms at our Nation's borders.

Families fleeing violence with legitimate claims of asylum are having their children taken from them thanks to an inhumane policy put in place by this administration. Weeping 2- and 3-year-olds have been forced onto immigration buses specifically equipped with car seats to be held in overcrowded cages, a crisis of this President's own making.

What kind of a country tears hundreds, if not thousands of families apart, inflicting trauma on the young and vulnerable? What happened to "give me your tired, your poor, your huddled masses"? What happened to America being a beacon of hope?

This zero tolerance policy betrays our core values, and it must stop immediately. I have joined my friend and colleague, Congresswoman DELAURO, as a cosponsor of her resolution condemning this policy, and I call on the administration to halt this horrendous practice and exercise some compassion for those who need it most.

CELEBRATING RAMADAN MUBARAK

(Mr. ROTHFUS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROTHFUS. Mr. Speaker, as the month of Ramadan comes to a close this week, I rise to wish the Muslim residents of Pennsylvania's 12th Congressional District Ramadan Mubarak.

Over the last several years, I have appreciated the opportunity to break fast at an iftar with a number of these residents, including a recent iftar at the Muslim Association of Greater Pittsburgh.

Ramadan is a holy month for reflection and celebration for those in the Muslim faith. Ramadan also offers an opportunity for all Americans to celebrate the tapestry of the people that makes up our Nation and our Bill of Rights that recognizes as the first of our freedoms the free exercise of religion.

Mindful of the violence that affects those practicing their faith in other lands here, I think particularly of the more than 100 Afghan soldiers the Taliban killed last year at a mosque in Mazar-i-Sharif, or the 14 Afghan Muslims killed when a mosque was bombed in Khost recently. Let us reassert that no one should ever be killed for their faith. May this month of Ramadan be the beginning of a new effort to achieve a lasting peace in troubled lands.

ANNIVERSARY OF PULSE NIGHTCLUB SHOOTING

(Mr. PAYNE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAYNE. Mr. Speaker, when will my Republican colleagues divorce themselves from the NRA? Despite all the uncertainties in this world, there seems to be one truth, that there will be no Republican action on gun violence.

That is what the NRA stands for: No Republican Action. That is what the NRA pays for when it funnels tens of millions of dollars into our Federal elections.

Two years ago, 49 people were shot to death by a crazed gunman in a night-

club in Orlando, Florida. On this, the anniversary of that massacre, I ask my colleagues to join with me in honoring those who were lost by uplifting the spirits of their families.

Mr. Speaker, to truly honor the lives lost at the Pulse nightclub, in Las Vegas, at Parkland in Florida, and in communities every day across this Nation, we have to change our laws, and we have to do it now.

WISHING PRESIDENT GEORGE H.W. BUSH HAPPY 94TH BIRTHDAY

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise on the occasion of former President George H.W. Bush's 94th birthday. He is the first U.S. President to turn 94 years old, and he has lived a lot of life in those years.

President Bush is marking the occasion at his home in Kennebunkport, Maine. He won't celebrate by skydiving, as he has in past years, but, rather, with a low-key affair surrounded by family.

President Bush has remained active in public life, and he has emphasized the importance of volunteerism. In a column in today's USA Today, his son, Neil Bush, encouraged Americans to follow his dad's example of volunteer service to make our Nation stronger, kinder, and more united.

Neil said: "It's an important lesson Dad instilled in me, the idea that we have the freedom to serve and that the choice to serve can define the type of life you live. In my father's words, 'Any definition of a successful life must include serving others.'"

Mr. Speaker, I could not agree more, and I wish our 41st President a very happy birthday.

PHILIPPINE INDEPENDENCE DAY

(Ms. SPEIER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SPEIER. Mr. Speaker, today marks the 120th anniversary of the Proclamation of Philippine Independence. About 120 years ago, U.S. actions turned promises of freedom into false hope.

Though Filipino rebels fought alongside our troops to end colonial Spanish rule, the Philippines became a U.S. territory, not a nation. Filipinos only achieved independence in 1946, after decades of further bloodshed.

Despite this unfortunate past, we have moved forward together. I am proud to represent one of the largest Filipino communities in the world anchored in Daly City. Filipino Americans make countless contributions to our society, from Bruno Mars' songs to servicemembers' brave sacrifices.

Even when our leaders don't share our values, the people of the United

States and the Philippines together remain committed to democracy, human rights, and self-determination.

#### RECOGNIZING THE LIFE OF JERRY LEE LOUPEE

(Mr. CARTER of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CARTER of Georgia. Mr. Speaker, I rise today to recognize the life of my friend, Mr. Jerry Lee Loupee, who passed away on May 28 at the age of 83.

During my time being involved in politics in Chatham County, I got to know Jerry Loupee. I got to know him and his wife, Bonnie, because they were stalwarts. They were strong supporters of the Republican Party.

Jerry was an integral part of the Skidaway Island Republican Club, the Chatham County Republican Party, and many charitable organizations around the world, always striving to make the world a better place to live.

Jerry said: "If you teach your children compassion, you have done half the job of raising them right."

At home, he served to protect Georgia through the Georgia State Defense Force. Abroad, he worked for 31 years for Hercules Inc. in Pakistan, Taiwan, and Thailand, before coming back to his home in Savannah.

Recently, Jerry and Bonnie had moved back to their home in Iowa. My wife, Amy, and I had the opportunity to visit with them before they moved. I am glad we had that final opportunity to be with Jerry.

Bonnie, please know that we love you very much, and we share with you in the celebration of Jerry's life. Jerry was a true friend to many in Savannah and around the world, and he truly will be missed.

#### NORTH KOREA SUMMIT

(Ms. GABBARD asked and was given permission to address the House for 1 minute.)

Ms. GABBARD. Mr. Speaker, just 6 months ago, my constituents and people all across Hawaii received a harrowing alert that came across their cell phones saying that a ballistic missile was incoming and to take cover immediately.

It turned out to be a false alarm, but the terror that my family, friends, people all across the State of Hawaii experienced was very real, shining a light on the stark reality and the seriousness of the North Korean nuclear threat that hangs over them and this country.

The agreement that came from the U.S.-North Korea summit that just concluded late last night, committing North Korea to complete denuclearization, is a first step, but there is far more work to be done. We have to be vigilant to make sure that the details of this deal ensure complete, verifiable, irreversible denuclearization of North Korea.

You hear talking heads on TV talking about who put up more points on the scoreboard, missing the seriousness and the actual point of what we are dealing with, that this is not a game. There are lives at stake.

In the interest of peace and humanity, we should all be rallying around our country's success and continuing to pursue diplomacy and peace to remove this threat and denuclearize North Korea.

#### HONORING THE VEGAS GOLDEN KNIGHTS

(Mr. KIHUEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KIHUEN. Mr. Speaker, today I rise to recognize the Vegas Golden Knights for their monumental accomplishments this past season.

Mr. Speaker, who knew there would ever be a winning hockey team in the desert? Never underestimate the people of Las Vegas and the State of Nevada.

The story of the Vegas Golden Knights is truly inspiring and symbolic of the strength and perseverance and unity in the Las Vegas community.

Following the October 1 shooting, a unique bond was created between Nevadans and the Golden Knights that helped mend a city that was torn apart by a devastating massacre. The community rallied around a hockey team made up of players from teams around the country. They called them the "Golden Misfits."

These players fostered relationships that led to a magical season that will never ever be forgotten. The Golden Knights set an NHL record for an expansion team with 51 wins, along with a trip to the Stanley Cup finals.

I would like to congratulate and thank the owners, the players, the coaches, and the fans, as well as the Washington Capitals on their first Stanley Cup championship.

Mr. Speaker, Las Vegas and the Golden Knights will always be Vegas born, Vegas strong. Go Knights go.

□ 1930

#### 2-YEAR ANNIVERSARY OF PULSE NIGHTCLUB SHOOTING

The SPEAKER pro tempore (Mr. BACON). Under the Speaker's announced policy of January 3, 2017, the gentlewoman from Florida (Mrs. DEMINGS) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mrs. DEMINGS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Florida?

There was no objection.

Mrs. DEMINGS. Mr. Speaker, today marks 2 years since the Pulse shooting. Tonight, my colleague Congressman SOTO and I stand on the floor of the United States House of Representatives to honor and remember the victims of that horrible night.

The Pulse attack was the second worst mass shooting marring American history, the worst terrorist attack on U.S. soil since 9/11, and the worst attack against the LGBTQ population in our history.

This evening, in our hometown of Orlando, thousands of people are gathered, like they were 1 year ago and 1 year after that. They gather to mourn, to honor, and to pay tribute to the 49 lives we lost on June 12, 2016, just as we do here tonight.

Mr. Speaker, I wish I could be there with my friends, neighbors, and loved ones in Orlando, but I felt it was important to be here, fulfilling our duty as Members of Congress. We stand here tonight on the floor of the House of Representatives so that the world will not forget the lives we lost in the Pulse nightclub shooting.

This month, we are celebrating Pride Month. June 1 was Gun Violence Awareness Day. For the men and women at Pulse 2 years ago, the nightclub was a refuge. It was a haven for our LGBTQ community and their friends; and particularly, it was Latin Night, and they gathered to celebrate. It was a place where, my bishop likes to say, they were there for a late night fellowship.

This is what I want to emphasize. The victims at Pulse, like every other mass shooting, were not in the wrong place at the wrong time. They were living their lives, taking refuge in song, dance, joy, and celebrating their common humanity at a time when the common humanity of LGBTQ Americans was not, and it is still not, universally recognized in our country.

It was supposed to be, Mr. Speaker, like any other Saturday night for the men and women inside the Pulse nightclub. It was about 2:02 a.m., when everyone was closing their tabs for the night and about to head home. That is when an ISIS-inspired gunman walked into the club with an assault rifle and a handgun. Within a few minutes, he killed 49 people and wounded 53 others.

The innocent men and women in the club didn't stand a chance against the gunman. We will return to that point later. The fact is that the weapons available to this gunman made his attack, in many instances, as bad as a battlefield.

Orlando lost 49 lives that night; we lost 49 lives that night. Many others have had their lives changed forever. But after the attack, we saw our community come together. We donated blood together. We raised money together, and we mourned and grieved together. Mr. Speaker, tonight we continue to mourn, and we continue to grieve.



Together with my colleague, Congressman DARREN SOTO, we want to remember the victims, tell their stories, and celebrate the lives we lost 2 years ago.

Mr. Speaker, I yield to the gentleman from Florida (Mr. SOTO), my colleague, whom I am absolutely honored to serve with.

Mr. SOTO. Mr. Speaker, I thank Congresswoman DEMINGS. I thank her for her service in law enforcement. I know she can view this at a level that some of us who have never witnessed this type of tragedy, never felt this type of tragedy—she has an understanding of it that I am grateful for her imparting to me.

As someone who was a State legislator and a lawyer, I have never seen this kind of tragedy up close. And even still to this day, as we remember these 49 souls, these 49 angels whom we lost and the 68 injured 2 years ago at the Pulse nightclub tragedy in Orlando, we still, as a community, are trying to understand this carnage, this loss, this tragedy. Our hearts still ache, Mr. Speaker.

This was the single deadliest known violent attack on the LGBTQ community, an attack on our Latino community, an attack on our African American community, and an attack on the whole Orlando community. Until last September, it was the deadliest mass shooting in U.S. history. Mr. Speaker, they have gotten even deadlier, with Las Vegas just recently.

Yet our community showed its resiliency and strength in the face of diversity. Orlando Strong is more than just a hashtag; it is our commitment to pledge to stand up to hate and to gun violence. Since then, Floridians stand stronger than ever.

Over the past 2 days, I have had the honor of attending events with Congresswoman MURPHY, Congresswoman DEMINGS, and Congressman MARK TAKANO, co-chair of the LGBT Congressional Caucus. We had an LGBTQ roundtable with local groups. We visited the Pulse Memorial. We helped hand out scholarships under the 49 Fund Scholarship Ceremony. We toured The LGBT Center. We went to a rally on action for gun violence. We went to the Orange County History Museum to see the history of those days, and I joined with Congresswoman VAL DEMINGS, my colleague here today, to hear the 49 church bells ring for the 49 victims at the First United Methodist Church in downtown Orlando.

Today, we honor the 49 lives taken by displaying love, acceptance, and kindness. But, most importantly, we honor them with action. That has been the theme over the last couple of days: we honor them with action.

I would like to recognize and focus my comments, in large part tonight, on following local groups and survivors in central Florida who, 2 years later, continue to transform their grief and mourning into positive change for all.

We cannot change the tragedy that happened. We cannot change the past.

We cannot bring back those 49 angels whom we lost, but we can give meaning to this great tragedy through action to make sure these types of shootings no longer are commonplace in our society. We honor them with action.

First, I would like to talk about Brandon Wolf. Brandon, a native of Oregon, was one of the survivors during the Pulse nightclub shooting on June 12, 2 years ago today.

Brandon moved to Orlando in 2008, after attending the University of Oregon Political Science School. He now lives in Tallahassee, where he has become a leading activist in LGBTQ issues in minority youth.

After the shooting, Brandon and his friends launched The Dru Project, named after Drew Leinonen, an LGBTQ nonprofit organization on a mission to spread love across the Nation. I got to meet with Drew's mother this past week at our LGBT roundtable, and I will talk a little bit more about that in a little while.

The advocacy group sponsors gay-straight alliances in public schools and offers scholarships to help send future leaders to college. In August of last year, Brandon joined the board of advisers for a political action committee dedicated to ending gun violence.

Following the Pulse tragedy, Brandon was inspired by Drew's words: "We never say I love you enough." He travels the Nation speaking on behalf of LGBTQ youth—education, common-sense gun legislation, and the future of intersectionality are some of the topics he discusses—spreading the message of unconditional love and inclusion.

I attended the Pulse rally to honor them with action yesterday, organized by Brandon at Orlando City Hall, an amazing event that I will talk a little bit more about tonight.

Another call for action, to honor them with action was the onePULSE Foundation. The onePULSE Foundation was established by the owners of Pulse nightclub, including Barbara Poma, to create a sanctuary of hope following the shooting.

The foundation supports the design, construction, maintenance, and operation of a memorial and museum to remember the Pulse nightclub shooting. They also work towards giving out community grants to care for the victims' families and the survivors.

The foundation has currently established an interim memorial, which serves as a sanctuary of quiet reflection and love, dedicated to honoring the senseless loss of innocent life. There is hope to create an official permanent museum in the future, something that I look forward to working on with my colleagues, Congresswoman DEMINGS and Congresswoman MURPHY.

The onePULSE Foundation is also creating annual 49 individual college scholarships named in honor of each victim and designed for their specific vocations, hobbies, or life aspirations. Through their work, the onePULSE Foundation makes sure that the names

and legacies of each of the victims, the 49 victims, these angels whom we lost that night, live on and are never forgotten.

I would also like to talk about our Q-LatinX community. LatinX is a term referring to our younger, next generation of our Latin community. In fact, many of our more senior Hispanics think: What the heck are these crazy kids talking about with LatinX? It is a self-styling of folks who are Millennials and who are Generation X who are Latin.

It is amazing that this name has come into the common nomenclature now, really amazing, and a testament to this kind of intersectionality that we saw that night, that we lost so much of, that is now being highlighted as a result.

Q-LatinX was founded in response to the mass shooting and active hate that occurred on June 12, 2 years ago today, at the Pulse nightclub. Its mission is to bring together and empower the most marginalized members of our community, establish affirming and supportive healing relationships and spaces, build a strong and united community, and work towards a society free of fear, violence, and hate.

Through their program of social justice education, they built a supportive infrastructure, addressing inequity and promoting inclusionary practices for local leadership and partnership agencies.

Q-LatinX strives to give a voice to the community. Through their immigration committee and HIV prevention education committee, Q-LatinX makes sure to prioritize issues that affect both the LGBTQ and Latino communities.

□ 1945

But it gets at this bigger issue of intersectionality.

I know when you look at our 49 victims, just like the rainbow flag that honors our LGBTQ community, it is a rainbow of individuals, a rainbow of backgrounds, and it is symbolic of the intersectionality of Orlando, an area that Congresswomen DEMINGS and MURPHY have the honor of representing with me. I am proud of that diversity, and I know Congresswoman DEMINGS and Congresswoman MURPHY are proud of that diversity.

Mr. Speaker, I want to now give Congresswoman DEMINGS the opportunity to continue her impressions on both intersectionality, gun violence, and so many other issues that I know that we will be addressing tonight.

Mrs. DEMINGS. Mr. Speaker, I want to thank Congressman SOTO as he talked about the advocacy that we have seen in the place that we call home, the place that we love in Orlando.

It is amazing how, out of the ashes, out of tragedy, good things can happen. We are so proud of Brandon and others like him who have turned their unbelievable, unbearable pain into action.

Congressman SOTO said one of the best ways to honor the victims is through action. When we looked at the devastation 2 years ago, we started a serious conversation about how to do that.

Of course, this year is a painful time for us, for Orlando, for our Nation, for the world, for so many who grieved with us and continue to grieve with us. But as we think about action and what has happened since Pulse, I just have to mention a horrible tragedy that happened in Orlando yesterday, as we talk about gun violence and continue to work hard to turn our pain into advocacy and to legislation.

Yesterday, the Orlando Police Department responded to a domestic violence call. The suspect was a convicted domestic abuser who had been arrested several other times for felonious actions and for violating his probation, but he also had a gun.

When the officers arrived, he opened fire, hitting one officer, Officer Kevin Valencia, who had been with the department since 2016. This young officer is in his twenties, and he has a wife and two young children. Our thoughts and prayers go out to Officer Valencia, who is in critical condition, fighting for his life.

But, inside, the shooter had his partner's four young children:

Irayan was 12. She wore glasses with pink rims. She had dark, wavy hair and a bright smile. At school, she was known as an overachiever.

Lillia was 10. She was blonde and wore glasses.

Aiden was 6. He and his sister attended Sadler Elementary School, and he loved dinosaurs.

Dove was 1 year old. She loved to play outside.

Officers evacuated the apartment complex where the standoff was occurring. Neighbors stood by in parking lots, some of them in their pajamas, while the hours ticked away. But when the police entered the apartment, desperate to save lives, they found all four children dead, as well as the shooter.

As we very painfully remember the victims of Pulse, a day before the 2-year anniversary, we lost two young girls and two young boys. These children will never grow up, will never realize their full potential.

It is amazing what our children are now having to endure and having to deal with. A 10-year-old girl who lives in the area spoke to a reporter this morning, and she said: "He killed himself and killed the little kids." That is this 10-year-old girl's reality.

Gun violence kills our children. It kills our future. It breaks into our homes, our theaters, our restaurants, our nightclubs. It turns nightclubs into shooting ranges. It turns homes into battlefields. It turns schools into theaters of war at worst, prisons at best.

We have few answers at this point about what happened and why on the eve of a 2-year anniversary of Pulse, why this man, this convicted felon with a history of violence, had a gun.

We know that in more than half of our Nation's mass shootings, a family member is at least one of the victims.

We know that in nearly half of our Nation's mass shootings, there are warning signs beforehand, often violence against family members.

Let's think about it. Before a gunman in Sutherland Springs, Texas, killed 26 people, he had been convicted of domestic violence. Before a shooter tried to kill our friends and colleagues at the congressional baseball practice, he had beat his foster daughter and shot a gun at her boyfriend. Before the Sandy Hook murderer killed 20 children and six others at a Connecticut elementary school, he first killed his mother.

There are usually warning signs beforehand.

The Pulse shooting was no exception. Before the Pulse gunman murdered 49, he beat his previous wife and locked her away from her family.

The American Journal of Public Health found that having a gun in the household during a domestic violence situation makes it five times more likely that the abuse will turn into a homicide.

So what do we do? What do we do as we talk about the advocacy that we are so proud of that is going on in our hometown? What do we do as legislators in one of the most powerful bodies not only in our country, but in the world?

We remember our victims. We tell their stories. We grieve with their families and with the survivors.

Mr. Speaker, at this time, I yield to Congressman SOTO to continue to share his thoughts with us.

Ms. SOTO. Mr. Speaker, I thank Congresswoman DEMINGS for bringing up something that I know has troubled all Orlandoans right now, which is a day before the second annual remembrance of the Pulse nightclub shooting, we had a standoff where four children were killed. It is a testament to the fact that there is so much left to be done.

Next I want to talk about Christopher Hansen. Christopher Hansen is a survivor of the Pulse nightclub shooting. That night, he personally helped save the lives of those around him by assisting injured victims.

Mr. Hansen is now a member of the Pride Fund to End Gun Violence's board of advisors. Pride Fund works towards supporting candidates on the Federal and State level who will promote gun reform and advocate for LGBTQ safety and equality. Pride Fund is currently America's only LGBTQ organization that focuses solely on gun policy reform to ensure safety for all.

Through his own recovery, Hansen has found a home in a community which he recently joined months before the shootings. He has become a spokesperson for the memory of those killed at the Pulse nightclub and a central figure of support for survivors and everyone affected by the tragedy.

In an op-ed for the Orlando Weekly, Christopher writes: "It started with an invitation. An invitation to a popular gay nightclub in Orlando, Florida: Pulse. In preparation for my night out, I decided to see a movie—'The Conjuring 2'—a horror movie based on a true story. Little did I know that I would have a night of horror of my own. And my night of painting the town red would be drenched in blood.

"Before the attack, I was having the time of my life. I was tearing up the dance floor and mingling with fellow club-goers. Then everything changed. I heard three loud booms, but I didn't think much of it. I continued dancing, thinking it was the base from the music and not the sound of gunshots. By the time I realized what was happening, screams, smoke, and flashing lights filled the club. People were rushing toward me, desperately looking for exits and places to hide. I followed the crowds and moved past the bathroom where people were hiding. I managed to get out unscathed. There was a pause in gunfire, and I was compelled to go back. Before I knew it, the gunfire started again, and I watched two men heading towards the hospital—one was shot twice. I urged his friend to keep him calm as I tried to stop the bleeding. I took my bandana off and wrapped it around one bullet wound, and pressed my hand on the other, praying he wouldn't die. I kept him level on the curb until an ambulance arrived.

"I turned and saw a girl in the grass, begging to be moved because she couldn't get up. We were told not to move her to avoid further injury, but I couldn't ignore her cries. I picked her up and her body became cold. I put her on my lap, which saved her life; she was shot in the back, and my thigh pressed against her wound. As she began to fall asleep, I slapped her face and asked her questions. Through keeping her awake, I learned her name was Kalisha, and she was a 19-year-old from Ohio."

Just 19 years old.

"A man came to me and said I saved him as well, but I didn't remember; everything became a blur.

"I wanted to help as many people as I could, but I was later told to leave since I wasn't a professionally trained paramedic. My phone died earlier that night and my wallet was still in the club. Without a way to contact loved ones or money to get home, I walked the streets of Orlando covered in blood. I feared for my life that night and felt helpless and alone. I thought about the victims who were still there and the families who would learn their loved ones never made it home.

"That night, I met the mother of a victim I had seen hiding in the bathroom. She showed me his frantic text messages. His name was Eddie Justice, and he was killed in that very bathroom. The girls I met that night, Akyra Murray, Tiara Parker, and Patience Carter, were hiding in the same bathroom—all three had been shot.

Akyra, who just graduated from high school and was ready to attend Mercyhurst University in the fall on a basketball scholarship, had died. At 18 years old, she was the youngest Pulse victim."

18 years old. We lost her.

□ 2000

"Her life was drastically cut short due to gun violence and someone with easy access to military-style assault weapons.

"Forty-nine people lost their lives that night, and another 38,000 will lose their life this year to senseless gun violence. I've joined Pride Fund's Board of Advisors so I can be a voice for the survivors and victims of Pulse, Las Vegas, and every shooting to come.

"Pride Fund's mission to save lives starts by supporting candidates on the Federal and State level who will act on sensible gun reform and champion for LGBTQ safety and equality. Pride Fund and I are turning tragedy into action"—they are also honoring these victims with action—"through a focus on commonsense gun reforms like enacting background checks, limiting ammunition sales, and preventing those convicted of hate crimes from purchasing guns.

"Members of Congress, reluctant as they are to cross the NRA, can effect change. They can address the easy access to assault weapons, large-capacity magazines, and ammunition sales. They can address our safety, rather than focusing instead on the safety of their own seats, courtesy of NRA cash. "If Members of Congress won't prioritize our safety, then we have the power to find those that will."

Those are powerful words by Christopher Hansen of the Orlando Weekly, so I want to take a few minutes about action.

First, I want to talk about gun reform actions and lack of actions on the Federal and on the State level. On the Federal level, we have had some reforms actually pass this past year. In the omnibus, we saw that the CDC can now study gun violence, even though they are not allowed to take any positions or say anything that would be deemed to promote or to advocate against gun violence.

We had a Fix NICS bill that will ensure that our agencies are getting the information about those who have been convicted of crimes or those who may be ineligible for other reasons into the background check system earlier, so that those background checks will be more accurate. We even see rule-making to potentially ban bump stocks which were used in the Las Vegas shooting.

But the list is short of action that has been taken by this Congress, and the list of unfinished business is long.

First, is the failure to even give a hearing on re-instituting the Federal assault weapon ban. I say re-instituting because many people forget, from 1994 to 2004, we had such a ban.

During that time, people's Second Amendment rights were still in effect; but we banned weapons that have no civilian use whatsoever. And we saw, during that period, the statistics bear out, because when you look at gun violence and mass shootings at that time, I challenge anybody watching this tonight across America to recall whether they remember during that time the number of mass shootings, the number of deaths during the assault weapons ban.

Then we look at 2004-2014, the number of incidents tripled. The number of deaths tripled. And that is just to 2014, not including Charleston or Vegas or the Pulse nightclub shooting or recently, in Parkland.

We also see universal background checks still not fixed. Ninety percent of Americans support this. Ninety percent of Americans support that there should no longer be loopholes in our universal background checks.

That you could easily, right now, sell in a gun show without any background check; this makes no sense. You could sell in a private sale without a background check; this makes no sense. This is an easy way for people who are wholly ineligible to be able to buy guns every day in every State.

And so what is the purpose of fixing our Fix NICS bill and having better background checks, if these giant loopholes that swallow the whole?

Also, these extended magazine clips. The reason people heard 45 to 50 shots fired in a minute is because of these extended magazines and these assault weapons. When you have a shotgun, when you have a handgun—and I will let Congresswoman VAL DEMINGS talk a little bit more with her background in law enforcement—yes, you can hurt people. But you can't do the kind of carnage we have seen with these assault weapons. And I look forward to hearing your opinions on that Congresswoman DEMINGS.

I also want to talk about gun reform on the State level. We had some victories, we had some defeats. After fighting to keep guns out of teachers' hands in schools, that battle was lost; while we have been able to prevent them from being on college campuses.

But we did have some positives, and I give 100 percent of the credit to the victims of the Marjory Stoneman Douglas High School shooting and the victims of the Pulse nightclub shooting, who stood hand in hand and went up to Tallahassee to advocate for greater gun safety. And I could say, having survived nearly 10 years in the Florida Legislature, it is not a welcome place for a lot of these reforms.

But they had some great reforms passed. They raised the age to purchase firearms from 18 to 21. They banned bump stocks—which, President Trump, it is time to follow suit like they did in Florida. Attorney General Sessions, it is time to get those rules in place.

They also were able to harden our schools. Now that is something that I

was remiss before to not mention. We did have the Safe Schools Act to help harden our schools.

They also created critical red flag legislation that allows our law enforcement—and I look forward to your comments on this as well, from your background, Congresswoman Demings—to allow law enforcement officers who are on the scene and see that someone will be a danger to others, to be able to take away their guns for a limited time period and then to be able to go and request a judge to get it back. We do this in domestic violence, as you are familiar with.

So these are things that actually have happened in Florida that are moving the ball forward. And if it can happen in our State, that has been so protective of some of these critical reforms, I believe it can happen, both on the Federal level and that Republicans and Democrats can join together for these reforms.

But the last thing I want to talk about, but not least, are first responders, because you can't talk about action without talking about our first responders. The brave men and women of the Orlando Police Department that you had the honor of being chief of, Congresswoman DEMINGS; the brave men and women of the Orange County Sheriff's Office, which your husband is our honorable sheriff of; our Orlando and our Orange County Fire Department who were on the scene, along with our EMTs, to give lifesaving aid to 68 injured people and try to save some of those 49 we lost.

We have had some action to help out our first responders, too. Our UCF Restores program, which helps with PTSD for firefighters, law enforcement, and our military, immerses these heroes into virtual reality so that they can, unfortunately, have to relive those experiences, but then meet with a psychologist or a psychiatrist to talk about that, to bring up these repressed memories. And we have had tremendous success. We have had tremendous feedback from our local fire departments, from our local law enforcement, and from our military.

We are able to work together, you and I and Congresswoman MURPHY, to get \$4 million in our Federal budget and open up more of this treatment, not only to our military, but to victims of sexual assault in this recent National Defense Authorization Act bill.

We also saw, and I will let you expound on this more, anti-terrorism dollars finally come back down to Orlando, that you led the charge on. And thank you for that, Congresswoman DEMINGS, for doing that, from your perch helping out with homeland security and being our expert on security and on antiterrorism, protecting the homeland.

And then, finally, I want to end this part of our section by talking about the advancements in our pension system in Florida to help out our first responders. Your husband was a leader, is

a leader, but was a leader in the State Legislature, as Sheriff, to help with the Adam Pierce Act, which made sure that our fallen law enforcement who were paralyzed but still wanted to work, wouldn't lose their pensions because they want to do some administrative work and want to still be involved and want to go to work every day and do their part for justice. And that was a bill that your husband spearheaded through, and I remember.

We also had an amendment of my bill onto that bill; you may or may not recall, and the Sheriff was really nice to allow us to do it along with law enforcement, to help our firefighters.

There was a loophole where, if our firefighters died in training exercises, they would get nothing. They would get no death benefit for their families. They wouldn't get the healthcare benefit. They would be left with nothing because of this loophole.

And John C. Curry, Mr. Begg, and Mr. Mickel from Osceola County, John Curry, from Volusia County, they, respectively, were able to get relief because we made it retrospective.

Then finally, we were able to, after we lost Deputy Pine in Orange County, with Sheriff Jerry Demings helping us lead the way, made sure that first responders who died in the line of duty didn't get 50 percent of their pension. They weren't half heroes. They now get 100 percent of their pension for their families, because they are 100 percent heroes and they gave 100 percent of their life and put 100 percent of their courage and their life on the line. And, at the very least, their families can be taken care of when they are no longer with us.

So there is a lot that we have honored with action over the years, both before and after Pulse. But there is a lot more to go, and I look forward to hearing your comments on that, Congresswoman DEMINGS.

And thank you again for your service as our Orlando chief. And I know that there is a lot that you could bring to this conversation that we are continuing on with based upon your rich experience in these fields.

Mrs. DEMINGS. Congressman SOTO, I want to thank you so much for several things that you've talked about.

First of all, your recognition of our first responders, our brave police officers and firefighters and the absolutely amazing job that they do, not just in Orlando, but across the Nation, to keep, as you put it, our homeland safe.

When you think about it, our first responders get called to every tragedy. I heard someone once say that—I believe it was Chief David Brown, former Chief David Brown in Dallas, Texas who said that every time society fails or something goes wrong, law enforcement's called in to deal with it, to fix it. So thank you for your recognition of them.

We lost four law enforcement officers in the line of duty last year. And we have one, as you heard me mention

earlier, Officer Valencia, who is in the hospital fighting for his life.

I also thank you for the beginning comments when you talked about the bravery of some of the survivors at the Pulse nightclub, those who did what they could to shield others from harm, to help others get to places of safety.

But also, I think the elephant in the room are the giant loopholes that you spoke about. When we share the stories of the Pulse victims, it is impossible to separate those stories from the discussion of gun violence in this country. The two are certainly intertwined, and we cannot discuss one without discussing the other.

As we remember the lives of these 49 victims, and countless others throughout the great Nation that we serve, I am reminded that every American should have the right to go to school or church or a mall, synagogue, a movie theater or a nightclub without being brutally murdered or wounded by someone with a gun.

□ 2015

You have reminded me, Congressman SOTO, that our job as legislators is to create laws that allow Americans to live their lives in safety and security. Two years after Pulse, we have not done that job, and you so clearly pointed that out in your comments.

We have not closed the loopholes that allow disturbed people to buy a gun without a background check, even though we represent Americans and 97 percent of Americans support that idea.

We have not implemented universal background checks while we represent Americans, although 83 percent of Americans support universal background checks.

We have not banned assault weapons like the one that was used to take so many lives in the Pulse shooting, the Las Vegas shooting, the Parkland shooting, and so many others, while 67 percent of Americans support banning assault weapons.

The gentleman talked earlier about what those weapons were designed to do. I spent 27 years in law enforcement. I can tell you that they were designed for the battlefield. Persons shot by assault weapons, the chances of survival are greatly diminished.

They were not designed for the streets of our neighborhoods and in our communities and in our school campuses and at our churches and in our movie theaters and other places that are designated safe places.

No, we have not banned bump stocks. What sense does it make to say that automatic weapons are illegal, but allow individuals to go out and, for less than \$200, purchase a device that will take your semiautomatic weapon and make it function like an automatic weapon?

As the gentleman mentioned earlier, no, we have not fully empowered law enforcement to better protect our families by allowing them to temporarily remove guns from troubled individuals.

Mr. Speaker, 2 years after Pulse is more than 2 years too late, but the time is always right. I believe Dr. King said this, to do what is right.

Instead of responding to mass shootings where police officers are shot in the head, and children are killed and other innocent people, we should work to prevent them. As a police chief, my goal was to stop violence from occurring in the first place. We, as Members of Congress, have the ability to do that.

Congress has acted on this issue before. We passed the National Firearms Act of, gosh, 1934; the Gun Control Act of 1968; the Gun-Free Schools Act; the Brady Handgun Violence Prevention Act; and the Federal assault weapons bans. These were bipartisan efforts that saved lives.

Where is the legislative response to the Pulse shooting 2 years later? Where is the legislative response to the Parkland shooting?

I urge my colleagues, my friends, let's do our job and make schools and theaters and nightclubs of our country truly safe.

Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentlewoman from Florida has 12 minutes remaining.

Mrs. DEMINGS. Mr. Speaker, we are here tonight to honor the victims of Pulse. They deserve to be remembered. Their families deserve recognition, and they also deserve action. The men, the women, the mothers, the fathers, the sons and daughters, the brothers and sisters gunned down in our country deserve remembrance.

They also deserve courage from their leaders. They deserve action from us.

As we utilize the last, I guess, 11 minutes now, I will yield to Congressman SOTO to just kind of wrap up his thoughts and leave with us some words that, hopefully, will carry us to the right direction.

Mr. SOTO. Mr. Speaker, I thank the Congresswoman for yielding. Of course, at the end of this, I am going to give the gentlewoman the last word, if that is okay with her.

So it has been a busy last couple of days as we pay tribute to the second annual remembrance of the Pulse nightclub shooting. This weekend, I got to go to PrideFest Kissimmee, and there is much to be proud about in Kissimmee. We actually have a human rights ordinance in Kissimmee County and Osceola County.

People in Orange and Osceola can't be fired if they are gay or lesbian, bisexual or transgender. But in a third county I represent, Polk County, they still can be. In fact, there is a community called Poinciana that is in both counties. If you live on the east side of Poinciana, you have rights. If you live on the west side, you still do not.

We also have now the Zebra Coalition that works with LGBT youth who are subject to bullying and can be intimidated. We are about to get the center

in Kissimmee as well to be a beacon of services and of hope, a safe place in a county that welcomes inclusiveness.

I also got to go to the 49 Fund scholarship ceremony where we saw LGBT youth be awarded scholarships. These are the future leaders who talk about how they are going to lead in LGBT rights, lead in gun safety reform. But I believe education is the seed of hope to stop this hate from happening in the future, and the future is bright.

We also had Congressman MARK TAKANO come down to visit with us, the co-chair of the LGBT caucus, for an LGBTQ roundtable. We heard about how HIV funds are being cut in Florida because Federal funds are being cut, even though our State trades off with being the number one State for new HIV contraction. So this is an issue that is affecting us.

We heard there about how these transgender school guidelines were one of the first things that the Trump administration took out, which is now leading schools to uncertainty in how they have to protect these vulnerable kids.

Also, we heard even about some of the things that we take for granted, like that we are going to be having, through Zebra Coalition, an LGBTQ prom, because a lot of these kids, they get outcast in high school, and we want it to be an inclusive community. We are an inclusive community.

We also visited the Pulse nightclub memorial with Barbara Poma, and we watched the photos of grief. We looked at the names. We signed in and took our pilgrimage.

We went to the GLBT Center and heard about them coordinating services on that day and afterward, about the outpouring of love and supplies, and folks coming in to ask what they could do to help.

Then last night, we had the rally against gun violence. It rained the whole time, but people's spirits were up. This was the neatest point: It ended with an actual rainbow. Because the sun came out, a rainbow came down. It was right after our prayer, so I believe God was watching and gave us a sign with a rainbow at the end of that.

Then the Orange County Historical Museum this morning, as we saw in the photographs, we saw the memorabilia and more quilts than I have ever seen in my life, beautiful, colored tapestries, pictures of so many of our friends who fought side by side, and memorialized this great tragedy.

Lastly, we were at First United Methodist Church. The gentlewoman and I got to participate in that this morning, where we heard the 49 bells with each of the victim's names being discussed, being memorialized.

So I am going to leave it back to the gentlewoman and say it was an honor to be able to be there this morning, to hear the ringing of the 49 bells for our 49 victims, and we will never forget. I thank Congresswoman DEMINGS for spending this time with me.

Mrs. DEMINGS. Mr. Speaker, 49 bells to represent 49 people. Our community declared June 12 to be Orlando United Day, a day of love and kindness.

Today, we take time to remember the 49 angels and all of those who still carry physical and mental wounds from that day, 2 years after the attack.

I believe, Congressman SOTO, more strongly than ever, that love will win. While the pain will never go away, I do believe that we have an obligation to turn our pain into action. We will not forget those who lost their lives.

I am proud to represent a community that has acted with such incredible strength and love. I am proud to continue to honor these men and women, not only through our words, but through our actions. I am also proud to be joined by Congressman SOTO, and I thank the gentleman for his unwavering commitment and dedication to protecting our homeland, and his commitment to creating and passing meaningful legislation to keep guns out of the hands of bad people.

Mr. Speaker, I thank the gentleman for his advocacy and his leadership on this issue, and I thank him for joining me in this day of remembrance.

Mr. Speaker, I yield back the balance of my time.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2851, STOP THE IMPORTATION AND TRAFFICKING OF SYNTHETIC ANALOGUES ACT OF 2017; PROVIDING FOR CONSIDERATION OF H.R. 5735, TRANSITIONAL HOUSING FOR RECOVERY IN VIABLE ENVIRONMENTS DEMONSTRATION PROGRAM ACT; AND PROVIDING FOR CONSIDERATION OF H.R. 5788, SECURING THE INTERNATIONAL MAIL AGAINST OPIOIDS ACT OF 2018

Mr. SESSIONS, from the Committee on Rules, submitted a privileged report (Rept. No. 115-751) on the resolution (H. Res. 934) providing for consideration of the bill (H.R. 2851) to amend the Controlled Substances Act to clarify how controlled substance analogues are to be regulated, and for other purposes; providing for consideration of the bill (H.R. 5735) to amend the United States Housing Act of 1937 to establish a demonstration program to set aside section 8 housing vouchers for supportive and transitional housing for individuals recovering from opioid use disorders or other substance use disorders, and for other purposes; and providing for consideration of the bill (H.R. 5788) to provide for the processing by U.S. Customs and Border Protection of certain international mail shipments and to require the provision of advance electronic information on international mail shipments of mail, and for other purposes, which was referred to the House Calendar and ordered to be printed.

#### GOOD THINGS HAPPENING IN OUR ECONOMY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Arizona (Mr. SCHWEIKERT) is recognized for 60 minutes as the designee of the majority leader.

##### GENERAL LEAVE

Mr. SCHWEIKERT. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous materials on the topic of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. SCHWEIKERT. Mr. Speaker, this is actually one of those sort of joyful moments that we finally get a chance to come up here, and we don't very often get to do that.

We are going to have a discussion of what is happening in our economy, in our society for both our friends on the left and those of us on the right, the love of people, and the fact that they have opportunity.

When you look at the unemployment statistics, when you actually take a look at how many of our brothers and sisters are moving back into the workforce, the income, and the closing of income inequality, there are wonderful things happening out there.

The neat thing tonight, we are going to bring a number of Members from different parts of the country, particularly in the West, and we are going to talk about what they are seeing happening in their region. We are going to talk also about a little bit of the data and a handful of fairly interesting things that I am actually excited about.

So, first, I yield to the gentleman from Montana (Mr. GIANFORTE) and give him an opportunity to talk about what is happening in his State.

□ 2030

Mr. GIANFORTE. I thank the gentleman from Arizona, Mr. Speaker, for leading this effort. It is a pleasure for me to share with this body the benefits Montanans are seeing from tax reform.

It has been 6 months since President Trump signed the Tax Cuts and Jobs Act into law, and we are already seeing the results. The benefits of the tax cuts are not a theory. I see it when I meet with Montanans throughout the State.

Paychecks are growing. Montana businesses are making investments and creating jobs. In fact, since the Tax Cuts and Jobs Act was signed into law, 1 million new jobs have been created. The national unemployment rate matches the 49-year low, and Montanans' unemployment rate has dropped. America's economic growth is exceeding expectations.

Hardworking Montanans across the State, whether at the UPS facility in Missoula, at Big Sky Wholesale Seeds in Shelby, or at the Billings Flying

Service, have told me their paychecks have grown thanks to the tax reform act.

The owner of 11 fast-food restaurants throughout Montana told me in Great Falls that he was giving his employees a raise and increasing starting wages for all new employees.

A teacher in Billings in a public school there told me her monthly paycheck grew by over \$130.

Mr. Speaker, certain leaders have described the benefits from tax reform, whether bonuses or larger paychecks, as just crumbs. They call them crumbs. Tell that to the teacher in Billings who will keep nearly \$1,600 a year more of her hard-earned money.

According to a recent survey, small business optimism has reached another record high. That confidence is translating into investments and more jobs.

The owner of Westland Seed in Ronan reports he is hiring more people because of tax reform.

At a roundtable discussion about agriculture in Bozeman, a local farmer and food processor said tax reform contributed to his decision to double his staff from 6 to 12 employees.

Senior officials at the Boeing facility in Helena indicate they will add over 20 new employees this year.

Montana small businesses credit tax reform for their decisions to expand.

At a roundtable with women small-business owners in Bozeman, one entrepreneur said the new tax policies were a big part of her decision to launch two new businesses this year.

Other Montana businesses are making investments thanks to tax reform.

Loenbro, a Great Falls industrial construction and manufacturing firm that employs more than 600, said the tax reform immediately added 15 percent to their bottom line. Tax reform is leading them to increase worker benefits, enhance training programs, and invest in construction equipment that will create more jobs.

Billings Flying Service credits the full expensing provision for its decision to purchase new equipment. The company is also investing in new research and development for enhanced fire-fighting equipment.

In addition to larger paychecks, increased investment, greater small business confidence, and more good-paying jobs, more than 87 million utility customers are seeing lower energy prices.

Utility companies cite tax reform as the reason they are reducing their rates. Montanans are among those benefiting. According to recent reports, NorthWestern Energy and Montana-Dakota Utilities have proposed cutting their rates thanks to the new tax law.

Mr. Speaker, certain leaders in this Chamber warned that the tax cuts would be Armageddon. I don't know any hardworking Montanans who would agree that keeping more of their hard-earned money is Armageddon or that job creation is Armageddon or that small businesses succeeding is Armageddon or that a lower utility bill is Armageddon.

Tax reform isn't producing crumbs. Tax reform isn't leading to Armageddon. Mr. Speaker, tax reform is working in Montana.

Mr. SCHWEIKERT. Mr. Speaker, as we walk through these, there are fun little tidbits to understand.

Math is complicated and tax revenues—the fact of the matter is we are only where we are at in the year, so we are not completely done with the fiscal year. But we pulled up, a little while ago, the status from the amount of revenues up until April.

So in the 2017 fiscal year, at that April time, we had taken in \$456 billion in revenues. Revenues come from lots of different sources, but substantially they are from the economic activity in our Nation, the income tax, corporate tax, payroll taxes, and other things. So it was 456 last year. This year it is \$510 billion.

So understand that. It is not a complete fiscal year, but as our friend from Montana was just saying, there was such hyperbolic language from some of our friends on the other side that the world was going to come to an end, the fact of the matter is that revenues are blowing the doors off from where we thought they would be. This is a wonderful thing.

To tell one of the other stories, I will invite the gentleman from Colorado (Mr. TIPTON) to tell us what is happening in Colorado.

Madam Speaker, I yield to the gentleman from Colorado (Mr. TIPTON).

Mr. TIPTON. Madam Speaker, I supported the Tax Cuts and Jobs Act because, as a former small-business owner, I know the immense challenges a complex Tax Code can present to business owners, workers, and families alike.

When H.R. 1 was signed into law, it opened the door to a new era of prosperity for Colorado and for our country, and the evidence is all around us:

We have already seen over 1 million jobs created;

Hundreds of companies have contributed \$4 billion in bonuses, impacting over 4 million workers;

The unemployment rate is at the lowest level that we have seen in a half a century; and

Small business optimism has hit an all-time high.

In Alamosa, Colorado, a small town in my district, tax reform has helped First Southwest Bank stay in town and provide financial services products to its community, a key driver of economic growth and success in smaller towns around the country.

As CEO Kent Curtis said after the passage of tax reform: "We're excited to take advantage of the tax reform and give the positive impact it has on First Southwest Bank right back to our team members and the rural Colorado community. By being able to provide a higher living wages to our starting employees and invest in our team, we can be a catalyst for economic growth and reaffirm our commitment

to a better quality of life in all of the rural Colorado communities our branches serve."

First Southwest Bank has raised its starting wage to \$14 an hour plus full benefits, a major success for a small community in southwest Colorado.

It is exactly businesses like this that are committed to their communities and to their neighbors that this historic tax reform package was intended to help.

Increased wages, along with changes to the tax bracket and standard deduction, mean Coloradans across the Third District have higher earning potential and can keep more of their hard-earned money, which spells economic growth. These improvements can help families take a vacation to one of our beloved national parks, put a down payment on a new car or a home, or be able to pay medical expenses.

Madam Speaker, the effects of this monumental tax reform effort are felt right here at home, and I am proud of the Coloradans who are working so hard to be able to improve their lives because of the opportunity this legislation has presented.

If I may, I would like to give you one personal story. I was in my hometown, and I had the opportunity to be able to go to a local restaurant. The young lady who was a server has two children. She went out of her way to come up and tell me that the extra \$50 to \$60 per week that she is getting in her paycheck is making a real difference in her family's life.

I told her there is better news actually coming, because when she gets ready to file those taxes this coming April 15, she is going to find that her personal exemption has doubled and that for her children, that child tax credit that she has counted on has doubled as well, putting more resources back into the pockets of the people who earn that money.

As my colleague from Arizona (Mr. SCHWEIKERT) pointed out, when we put those resources back to work, back to work in that American economy, we find that it yields what many of our colleagues on the left would like to see more of: tax revenues coming into the government to be able to provide some of the essential services that we all know that we need.

But we need to be the country that is creating that fertile soil to be able to grow businesses, to be able to create opportunity for the future, and to be able to deliver on that promise for the American Dream for all of our children. This is a program and a policy that works on behalf of the American people.

Mr. SCHWEIKERT. Madam Speaker, I have a quick thought experiment for everyone.

If I had come to you a year ago and said that the United States would be at 3.8 percent unemployment, you would have laughed at me. If I had come to you and said that African American unemployment would be the lowest in



modern times, Hispanic unemployment would be tied with some of the lowest numbers in modern times, that you would be seeing data of felons being recruited out of prison for work because there is such a labor shortage, and when one of the greatest difficulties we have in our society right now in the labor force is not enough workers and too many jobs, why isn't there this sound of joy from every American that this was the dream so many of us had of where we would be?

So, as we go through our regions, I was going to invite Mr. CURTIS of Utah to come up and tell us what is happening in that beautiful State because I have actually seen some stories of the Salt Lake area and other parts of Utah just doing amazingly well right now.

Madam Speaker, I yield to the gentleman from Utah (Mr. CURTIS).

Mr. CURTIS. Madam Speaker, I rise today to first of all express my appreciation to my colleague from Arizona for his good words and his acknowledgment of the economy in Utah.

Shortly after I had been elected, one of my very first votes cast in this Chamber was for tax reform. Since being signed into law, the positive impact tax reform has had on our economy has been absolutely astonishing. Not only has tax reform proven to be a tremendous success across America, it has proven particularly effective in my home State of Utah.

To simply say the U.S. economy is doing well would be a gross understatement. As a member of the Small Business Committee, I believe that small businesses are the lifeblood of the U.S. economy, and, certainly, they are in my district. That is why I have been pleased to see that the small business optimism index has reached its second highest level in the survey's 45-year history.

Consumer confidence is the highest we have seen in decades, and the unemployment rate in the United States is currently under 4 percent, and in my home State it is nearly 3 percent. In fact, for the first time since the Bureau of Labor Statistics has been keeping track, the number of available jobs now exceeds the number of unemployed U.S. workers.

Not only is the unemployment rate historically low, but 90 percent of American workers also have had higher take-home pay now as a direct result of tax reform. In Utah, we are seeing companies of all sizes investing in their employees by giving pay bonuses and raises.

A few high-profile examples include the Larry H. Miller Group of Companies, rewarding 10,000 employees with thousands of dollars in pay and bonuses. Zions Bank gave pay raises to 40 percent of its employees and thousands in bonuses to nearly 80 percent of its employees, and SkyWest Airlines increased bonuses and 401(k) contributions for their employees. These are only a few small examples of the many companies passing on benefits of tax reform to hardworking Utahns.

Tax reform is not only helping to put more money in hardworking Utahns' paychecks, but also lowering utility rates as well. Dominion Energy in Utah and the Division of Public Utilities is passing on \$17 million in tax savings to its customers by lowering energy rates.

Chris Parker, the division director of Utah Division of Public Utilities said: "Ever since Federal tax reform legislation was passed, our division has been working closely with the Public Service Commission and utilities to determine the best method to pass on tax savings to Utah customers. Consumers should begin seeing lower gas bills soon."

Madam Speaker, in the past few months, I have held over 50 townhall meetings and met with thousands of Utahns. They consistently express their appreciation for Congress' passing tax reform. They recognize that this historic effort is producing real results for hardworking Utah families. Simply put, Utahns are keeping more of their hard-earned money and are making more money as a direct result of tax reform, and the U.S. economy, for businesses, large and small, is roaring.

Mr. SCHWEIKERT. Madam Speaker, there is actually some really fun and wonderful things we are seeing out there in the data. As we were also talking about the unemployment numbers, what has also been amazing is, if you look at home prices, if you actually look at savings rates, and if you actually look at a lot of the data that we care about as a society, it is important that we actually embrace and understand we are in what we would refer to as a Goldilocks economy.

□ 2045

Madam Speaker, if I had come to, like our previous thought experiment a year ago, and said we would be in this sort of world where the inflation numbers are within the calculation of the Fed targets, where we have more jobs than workers, when we are actually seeing incomes really beginning to rise, when we are actually seeing some first signs of data saying for the first time in decades that income inequality is actually shrinking because there are so many more of our brothers and sisters in the labor force with rising incomes, this would actually be really exciting.

I will make the challenge to every Member in Congress: How do we not screw it up? How do we keep that engine going forward?

Madam Speaker, I yield to the gentlewoman from Arizona (Mrs. LESKO). She has the district right alongside me and she will basically tell the story of what she sees happening on the west side of Maricopa County.

Mrs. LESKO. Madam Speaker, the Tax Cuts and Jobs Act has ignited a fire that the American economy hasn't seen in decades. The tax cuts and reforms passed by Congress have made a real impact on the lives of Americans

across the country and to the people in Arizona's Eighth Congressional District.

The tax cuts have allowed small business owners like Mike and Colleen Sutter to reinvest in their employees. They have owned a small business for the last 27 years in El Mirage in my district. Due to the tax cuts package, Mike and Colleen were able to give across-the-board pay increases and bonuses to their employees, including a \$3 an hour increase for hourly workers.

This historic tax reform legislation has also had a huge impact on those living on fixed incomes. Arizona Public Service Electric Company cut its power rates by \$119 million because of the tax cuts. These lower costs help seniors all over America and in my district.

With a simpler and fairer Tax Code, businesses are finally able to hire again, more than 1 million new jobs have been created, and there are more jobs available than there are unemployed Americans. Our Nation is in business again.

Americans are seeing more money in their paychecks, a reduced tax burden, and a roaring economy. The tax cuts have meant real dollars going back into the pockets of small businesses and families.

I thank my colleague from Arizona (Mr. SCHWEIKERT) for his commitment to commonsense tax reform.

Mr. SCHWEIKERT. Madam Speaker, I thank Representative LESKO. I am so used to calling her DEBBIE, having known each other for so long.

What is also amusing here is, the next person I'm going to introduce, I have actually known most of my life, which is sort of terrifying. The three of us are from Arizona. I think we actually have a wonderful story to talk about what is happening in the Southwest, but particularly our State.

The fact of the matter is, with the tax reform, some of the regulatory changes, some of the wonderful things in the economy, Arizona is blessed. Right now, our State is doing very well.

Madam Speaker, I yield to the gentleman from Arizona (Mr. BIGGS) to tell us a bit about what is happening in the Southeast Valley.

Mr. BIGGS. Madam Speaker, let me tell you, Maricopa County is the fastest growing county in the country; again, by a long shot. That is reflected because of the economy that is going on there.

In the town that I live in, the town of Gilbert, they just announced 2,500 new jobs coming in with Deloitte. That is fantastic. When I moved to Gilbert many years ago, there were 12,000 people and cotton fields everywhere. Today, it is 250,000 people and it is just gigantic.

The Arizona Free Enterprise Club has measured the reported job growth in Arizona since the tax cuts and tax reform bill came forward. We have 125,000

workers who have seen increases in salaries or bonuses. That totals \$215 million. Remember, that is just the reported benefits and bonuses and raises. The direct financial benefit as a result of tax reform for Arizona is over \$1 billion. We anticipate a positive impact of over \$1 billion in 2018. That is fantastic. In my district, the average family of four is going to receive tax relief in excess of \$2,635. That is the projection.

I can talk about the many events that we go to, the people we talk to. I was at an event recently. I was getting ready to leave and a gentleman came up to me and said: Are you Congressman BIGGS?

I said: Yes, I am.

He said: Thank you.

I said: Why is that?

He said: The tax reform. I am a bartender. I will keep \$5,000 more this year. I will have a net impact of a positive \$5,000.

I said: Well, do you care if I tell your story?

He said: Yes, tell my story.

We want to see this happen again and again. So I have a whole list I brought tonight. I can list Philip from Mesa who said that his wife's take-home pay has affected their household for the better. This is something they wanted specifically to mention. They don't consider the extra income to be "crumbs." It is meaningful to people, whether you are living paycheck to paycheck or whatever. This is meaningful to them.

Matt from Gilbert said that his increased tax refund for his business was appreciated and that he and his family will save literally thousands of dollars this year because of the tax cut laws.

Rusty is a veteran from Mesa. He told us that the tax plan has done wonders for him and his small business. He is passing this on to his employees and they will be making more money per month and he has extra revenue in the business because other people generate this economic activity.

This ripples through—it isn't like it is a one-off—it ripples through the entire economy. So they have hired a new employee. For a small business, that is a monumental decision: Do we have enough business? Do we have enough revenue to bring in a new employee? They hired someone. The tax cuts helped.

So I want to take just a quick second and tell you that I go out when I am in the district to various businesses and small business owners, anywhere from 5, 15, maybe 20, 25 people in their business. Every one of them that I have met with in the last year, probably, is looking to expand. They have the problem of finding qualified employees.

I have talked to the Governor in Arizona. We have literally hundreds of thousands of jobs where people are trying to hire folks and we can't get them in. This is a great thing to have, it is a great problem to have. I think we should be celebrating what is hap-

pening around this country. Particularly as a life-long Arizonan, I can tell you I am thrilled to see this happening in Arizona. We have bounced back from the 2008 recession.

I am so grateful for the effort that the gentleman from Arizona has put in to get this bill through, for his leadership. I am grateful to have him for a friend and serve with him in Congress. I thank him for doing this Special Order tonight. This message has got to get out to the American people.

Mr. SCHWEIKERT. Madam Speaker, I will have a little bit of a colloquy or a little bit of a conversation with the gentleman.

For those of us in Arizona, the gentleman has seen the data that came out about 2 weeks ago that turns out that Arizona is actually having what would be the fastest acceleration of income growth in the entire Nation. Some of that is because we were hit pretty hard in 2008. A lot of it is because our State legislature, our Governor, have engaged in very pro-economic expanded qualities.

Madam Speaker, I yield to the gentleman to tell everyone what he did before taking this job.

Mr. BIGGS. Madam Speaker, I used to be the Senate president in the State of Arizona for 4 years and had an opportunity to work there.

Mr. SCHWEIKERT. Madam Speaker, the gentleman was there during some of the brutal years of the previous decade. The gentleman may remember the struggles of trying to keep the wheels on of how do you cover healthcare, education, and so many of the other needs that are in the State.

Actually, we have a rough situation. We own so little of our land that I have seen some data where we are the most urbanized State in the country because we functionally live in two major metroplexes. That is where most of our population is. And to have a State now, where we are seeing some revenue forecasts and every month it looks like they are having to raise that forecast because of the economic vitality in our State and most of the States around the country.

So I think there is often this misnomer of we talk about Federal tax reform. And I hold up a chart, it says: Last year at this time, we had \$456 billion in revenue and this year we are at this time \$510 billion. So a substantial increase.

But I think we failed to talk about what is happening in our community, in our city, our county, and our State revenues, which are also benefiting from this cascade of economic expansion.

Madam Speaker, I yield to the gentleman from Arizona.

Mr. BIGGS. Madam Speaker, let's think about this for a second.

When Arizona entered the recession era of 2008, the State tax revenue declined by about 40 percent in an 8-month period. Imagine trying to deal with that. What is happening now is

the converse. We had to change our attitude. We had to create the type of business-friendly situation that lured and brought business back and provide those enticements. They are there.

So what we have now is this situation localized of a business-friendly Tax Code, a business-friendly regulatory and then an overall attitude of: We want you to be here. We welcome new businesses.

So, for instance, I toured Apple world data center in my district a little over a week ago. It kind of imploded, so there was no one there. What happened is, they now have 200 employees and they will expand. They will have 500 employees in high-paying, good jobs. Every one of those employees they spend money. They buy houses. They go out to eat. They go to movies. This ripples through the economy. And that is just one of the many businesses. Like I said, we have Deloitte coming in, with 2,500. We have got State Farm, I think, in or near the gentleman's district. When they are in, they are going to have 8,000 to 10,000 people. I was just at their facility.

Mr. SCHWEIKERT. Madam Speaker, we just finished a visit to the McKesson facility that is on the Salt River Pima-Maricopa Indian Community, and they are talking about several hundred additional positions.

As we sort of talk about this, we actually had a really neat experience about a month ago. The Arizona correctional system has sort of a pilot program that has been up and running for about a year.

So picture this. We are in the Ways and Means room, we are holding a hearing. And sitting on the table before us is the woman who is a friend of ours who is the Central Arizona Homebuilders representative and over here is a gentleman with a very large electrical contracting company. The person sitting in the middle there with tattoos and those sorts of things is, I think, a three-time convicted felon who actually now is making \$22 an hour and telling the story of how he had a substance abuse problem and had multiple times fallen back into that lifestyle. This time, he actually said: I am going to give this a try.

They set up job training in the prison solely funded by the businesses, because they actually need electricians and carpenters and other things. They did the job training in the prison with a deal that if they finish this program, we will guarantee you a job. It doesn't mean they guarantee they are going to keep you, because you still have got to show up, you have to demonstrate productivity.

But think about a world where the economy is so vibrant that businesses are actually going and reaching into our prison communities and doing job training and actually offering employment.

I guess my heartbreak is I thought there would be this sense of joy around

here in Washington that we have actually passed a level that so many economists just a couple of years ago said we could never reach, this level of economic vitality, where we are actually seeing felons being able to be pulled into society's workforce.

□ 2100

We see programs like that in our State that are being creative, because we need those carpenters; we need those plumbers; we need those electricians. He started, I guess, at like \$13 an hour. Within a year, he was up to \$22, because he was productive, and he showed up to work on time.

He had one of the greatest quotes of all time. He says: I am working so many hours, I haven't had a chance to relapse.

It turns out maybe there is something to that saying about idle hands.

Mr. BIGGS. If you analyze it, that is a twofer, right? We are all concerned about the rehabilitation and reentry of people who have been in prison back into society. This is one way to do it. Give them an opportunity to get that skill and get job-placed.

The second thing is—and it speaks specifically to what we are talking about here today—we should be overjoyed in this country to see the economic vibrancy that is going on, the reshaping, and, if I can say it, the renewal, the economic renewal, that we have needed.

Mr. SCHWEIKERT. I am one of the people who have to actually admit to this, that, often, as Republicans, we sound like accountants on steroids. We are looking at the numbers. We want to do policy by facts and not feelings, because when you do things by feelings, you end up, ultimately, hurting people. When you do it by facts, you actually build something that is sustainable.

This is one of the moments where a lot of the economic theories we have talked about, if you would lighten and go to a more rational regulatory model, if you would design a Tax Code that got rid of these incentives to move your profits overseas and pull your expenses into the United States and go to a territorial system where you had the vitality, where capital would flow in, where you actually gave businesses the incentive to actually buy much more efficient capital equipment—because the way you pay people more is we have to get more productive as a society.

Yes, some of the barriers we were worried about were: Will folks get this tax benefit and spend it all? Now we have seen some data, which is different than how CBO modeled it. People are paying off debt and other things, so the capital stock in our country is going up.

There are just really good things. Right now, we have a labor shortage, and you can see something amazing.

Take a look at things like Social Security Disability. A year ago, it had

only like a year before the trust fund was empty. Now we are seeing some things that it may be 5, 7, 8 years now, just substantially because we did change some rules, and we tightened up.

We also have so many more people paying in and working, and many of our brothers and sisters in the country making a decision saying: "I could pursue a disability claim, or I could go into the workforce." They are going into the workforce.

So there are all these tells out there right now. The gentleman sees it in his community. I am blessed to see it in my community.

How do we keep it going? Because, it turns out, the economic vitality is a powerful thing for families, their ability to save for their retirement, for their kids' education, for being able to pay off, let's face it, a certain amount of debt that built up over a pretty rough decade, particularly being a State like ours with so many people who are coming to it for opportunity.

As the gentleman talks to small businesses, and I talk to small businesses and even big businesses, we have this conversation: How do we keep it going, and how do we keep it going for as long as possible?

Those are the policies we are chasing.

Mr. BIGGS. Madam Speaker, I agree with the gentleman. We want to keep it going. We follow this idea of a business cycle, but there are ways to smooth out and flatten out that business cycle.

I also agree with what the gentleman said where we start talking about individuals, because too often our narrative is just: How do we flatten out the business cycle? That type of thing.

I have Allan in Mesa who said: My standard of living has gone up.

I have Dottie in Mesa who said that the tax cuts are a good thing, that they see more money in their pockets because of these tax cuts.

These are the people and the individuals that I see on a regular basis. I know the gentleman sees them.

Mr. SCHWEIKERT. This is one of my favorite stories. About 6 weeks ago, maybe 2 months ago, I believe it was Starbucks that gave the bonus, and I am in my favorite Starbucks. As the gentleman knows, I have a coffee problem and openly admit it. If anyone wants to start a 12-step program, we are holding the meetings at a coffee shop.

I walk in. I am not someone you typically would be jumping up and down to see, you know, a fairly conservative Republican Congressman. She looks at me and goes: "Dude, thank you."

She had just gotten, I guess, a bonus check from her employer, and she actually understood what it meant monetarily to her. It was one of the neatest conversations I had with this young woman as I am ordering my coffee about how excited she was to have the money and what it meant to her to pay off some bills and just how things were going.

That is when it starts to click. That is when it is more than just sitting behind tables with stacks of binders and spreadsheets and analytical reports and feedback loops of what the tax reform is going to do and growing the size of the economy, when it gets down to those individual lives.

Look, I often walk around with this app. It is from the Atlanta Federal Reserve. Madam Speaker, if I had come to you even months ago and said: "The Atlanta Federal Reserve has the calculation for this quarter, at this moment, at a 4.6 percent GDP growth," you would have worried about my mental health. It turns out, that is actually what the number is.

The odds are that it doesn't stay there, and it is going to go through cycles, but that number is stunning. The bias has been, actually, over 4 in the last handful of data points. I know I am back to speaking like an accountant on steroids, but the fact of the matter is that we have some pretty rough things coming toward us as a society. We are getting older very fast. We have tremendous unfunded liabilities in Medicare. We have issues on Social Security.

We will find a way to keep our promises to those folks who have paid into those programs. Turns out, making the math work is a lot easier if you have a society, an economy, that has actually been able to hold economic growth rather than one that has been in the troughs as we were for the previous decade.

How do we sort of tell that story to folks who may be on the left or those who are just trying to raise their families or those of us who our constituents are paying attention? This really is that moment where the rising tide raises boats and opportunity for everyone.

Mr. BIGGS. Madam Speaker, the gentleman is right. That is how you communicate the story, because the story, Madam Speaker and Representative SCHWEIKERT, is that we can have a vital economy.

It wasn't too many years ago when we were told 1.8 percent GDP growth would be it.

Mr. SCHWEIKERT. Madam Speaker, I remember when the gentleman first got here, and we were going over those models. They were like 1.8, 1.9, and that was our future. Let's face it, we have blown that off the rails.

Mr. BIGGS. We have blown it off the rails. When people are economically free and they have growth. They feel freer. They feel happier. Why is that? Because the wolf is not always at the door. They have moved beyond kind of that bare subsistence.

That is really what I am finding as I go meet with my constituents. I talk to them. I am in a machine shop: What is going on here?

Well, we have 18 workers. We think we could bring three more on.

I said: Well, what is your problem?

We have to find the workers, and we have to train them. We are going to invest in them and train them.

That is what people are doing. That is what businesses, small and large, are doing. They are investing in people now. That is what you see when you have a good economy, because they want to bring people in. They need to bring people in.

Mr. SCHWEIKERT. In that same vein, it was only a couple of years ago, actually behind these same mikes, that a discussion was had of the sort of concept of people being trapped, trapped in their house because they were underwater, trapped in their job because they didn't have mobility and options.

For a State like Arizona, the fact of the matter is that your ability to sell your home and get a job in another State because you are choosing to move to the Southwest is important to our growth. You could actually see that in the migration statistics around the country of how many people, because of the thin employment market, job opportunities, were underwater in their homes.

As the job opportunities and our real estate values and the stability of the economy have come back, all of a sudden, you are seeing people have this thing called choice, options, the ability to move around the country, pursue their dreams, pursue those careers, change jobs.

I think, actually, that is what the American Dream is supposed to look like. If you have a dream of living in a certain part of the country or pursuing a certain career, you get to do it. You get to do it because the economy is working.

Madam Speaker, as we started to talk early on, if you really do love and care for people, take a look at what is happening to the income and employment statistics of so many groups that have been disaffected in our population for the last decade. They had a really rough decade, and they are coming back, their opportunity, their ability to save for their retirement, their future, and their kids.

There should be a sense of joy. There should be, actually, sort of a uniform discussion between the right and the left of how we keep it going, because it is not only things I fixate on, of being able to have revenues or being able to cover our unfunded liabilities and our entitlements, but also that ability to have a society that is healthier, that actually the income gaps shrink because there is mobility and growth.

Populations that so many of the so-called smart people, the economists, had almost written off as the marginally employable—which is, if you take a step sideways, it is just really cruel. Those people are finding a way to come back into the economic part of our society.

I know when the gentleman was in the State legislature, he had worked on a job training program, and now we are actually seeing some really interesting data in Arizona where the employers themselves are saying: We are so desperate for employees, we will do the job

training. We will take someone who is not even from our field, and we will train them.

It turns out that has been incredibly successful, because you are actually trained not in a job training program over here and then you get trained again for the actual job you have taken, but now you are being trained for that rhythm.

I know there has been just tremendous employment growth in the south-east valley. I think it is a type of high-tech CNC machine shop that some friends own in the gentleman's district, and they are talking about even taking in very young people and training them right there on site.

Mr. BIGGS. Yes. Madam Speaker and Congressman SCHWEIKERT, that is what I am talking about. When I go into the machine shops, they are doing very technical, very high-quality machining. They are bringing kids out of high school, and they are training them. They are saying: This is the job you are going to get.

These kids are walking out without any university debt. They are also walking into a job that is going to pay them a lot of money and can be a great career, where they can make money and have an adequate career to sustain and support themselves, their family, for a life.

This is really one of the beautiful things that happens when you have this choice that the gentleman talked about, this mobility. That happens when you have a strong and solid economy.

Madam Speaker, I think the gentleman and I would agree: The economic foundation that allows these types of individuals and families and small businesses and big businesses to grow and provide interesting and creative developments in our society, it starts with us not having a confiscatory tax policy. It also continues by having a regulatory environment that, instead of disincentivizing or having perverse incentives, provides incentives for people to expand and be creative in the economy.

Mr. SCHWEIKERT. Madam Speaker, I ask Congressman BIGGS: Those of us who see these numbers, how do we find a way to humanize that discussion? We want to talk about economic vitality and these things, but there is almost this cruelty of you are going to remain unemployed, you are going to remain underemployed, you are going to remain undercompensated, you are not educated well enough to come into the mainstream.

We have demonstrated in the last several months that that doesn't have to be the America we live in, that we are seeing individuals who were substantially marginalized in our society finding employment and finding opportunity and finding that economic vitality and growth.

□ 2115

We are looking for a way to humanize the story that, it turns out, a ro-

bust economy actually is really good for families, for individuals, for your future, for just the individual psyche. And maybe there is an artist out there of language who can help us find an elegant way to say this story.

Madam Speaker, I yield to the gentleman from Arizona.

Mr. BIGGS. Madam Speaker, he did a good job tonight. He talked about his Starbucks experience. He talked about the young man, and I have met him, who is reentering from the prison.

Mr. SCHWEIKERT. Madam Speaker, it is a powerful story.

Mr. BIGGS. Madam Speaker, these are powerful stories.

Mr. SCHWEIKERT. Madam Speaker, I think he is his constituent.

Mr. BIGGS. Madam Speaker, I think he is. He may be, yes.

We have talked about 8 to 10 stories, brief stories, that I brought up tonight of individuals, and, if I can humbly suggest, those are the things that, Madam Speaker, Congressman SCHWEIKERT, myself, and every one of our colleagues need to be continually reiterating, because these stories, these aren't one-off stories. These are going to be a lifetime of stories for these individuals, and we will find many, many more, as I do every time I go out.

Mr. SCHWEIKERT. Madam Speaker, I know I kept him longer than I promised to, but I never get the chance to talk.

Madam Speaker, I have appreciated this block of time. I appreciate your patience with us, particularly talking about Arizona, but it is—you know, we love our State, and we are very, very proud of how far it has come. We are proud of the fact that we are leading much of the Nation in growth—in population growth, economic growth, income growth—and it is, in many ways, our moral goal around here to keep this vitality up for every American.

Whether you live in a red State, blue State, whatever you pursue, you should have the ability and the opportunity to pursue that. We want to make the powerful argument that where we have gotten this country to economically right now is pretty darn amazing.

Now, can we do even more? Our goal is we are going to even make it better.

Madam Speaker, I yield back the balance of my time.

#### IMMIGRATION SOLUTION

The SPEAKER pro tempore (Ms. CHENEY). Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from California (Mr. AGUILAR) for 30 minutes.

Mr. AGUILAR. Madam Speaker, I don't have any notes in front of me. I just want to speak a little bit to this body about a topic that has been in the news, even as of this evening, and to just let folks know and to remind folks again about why we are pushing so hard to solve a problem that appears so easy to solve: the issue of the DACA

population and the importance of comprehensive immigration reform, but more importantly, of solving this problem for this population of young people who know of no other country but the United States as their home.

Now, the public might hear terms like “queen of the hill” and “discharge petitions,” and, Madam Speaker, those terms may mean things to you and me, but for the general public, I just want to crystalize what it is we are fighting for. What we are asking for, a bipartisan group of Democrats and Republicans, we are asking for an opportunity to vote on immigration measures that would offer a solution to these young people.

Now, the measure that I support and that many of my colleagues on both sides of the aisle support is one that would offer an earned path to citizenship for those individuals who work, go to school, or serve in the military. That doesn't seem like a stretch for the American public.

The American public, over 80 percent, support a solution for these young people. But in this body, it becomes a little more difficult; and in this body, sometimes things get in the way.

So I don't know the outcome of special meetings this evening or outcomes among discussions that colleagues have in the majority, but what I would remind folks again at home and my colleagues is that there are Democrats and Republicans underneath this dome who are working hard every day to try to offer a permanent solution to these young people—not a temporary solution that punts this down for another day, but a permanent solution that would allow these young people to come out of the shadows, to continue to work, continue to teach, continue to live in our neighborhoods without fear.

So we don't have a lot of time left, Madam Speaker, and based on what I know today, I don't believe that there are any more signatures signing the discharge petition this evening. But I think what my colleagues and I want to underscore is that, to those young people who feel that this institution let them down once again—or maybe they feel that I let them down—that we are going to continue to work, that we are going to continue to offer our ideas and solutions, that we are going to continue to offer a path to citizenship for those who belong here, who were raised here, who know the United States as their home. That is our responsibility. It is what the Constitution allows us to debate and discuss.

It is unfortunate that, on the other side of Capitol Hill, the Senate had this debate and had this discussion and voted on four bills, some authored by just Republicans, some authored by a bipartisan group. They had an opportunity to debate and discuss what should transpire. We haven't had that opportunity.

Madam Speaker, I know it might not surprise you to know that the last time immigration was discussed on this

House floor was in 2010, and it was when the DREAM Act passed, in a bipartisan way, in a lameduck session in December.

So the stakes are incredibly high, and what I would tell folks is that that just shows this isn't easy.

The last time immigration was discussed was 8 years ago on this floor. Since then, folks have felt that burying their head in the sand was a solution enough or just offering a partisan bill was a solution enough.

That is why we decided to engage in discussion and debate and to try to force this Chamber to have a bipartisan discussion and to try to force this Chamber to vote on three or four bills, some a little more conservative, some a little bit more left of center, right of center, but to have an opportunity to vote for one or multiple bills. It is just unfortunate, Madam Speaker, that there isn't enough political will, that there isn't enough strength in this Chamber among the Members to have that conversation.

Now, we could be dejected. We could be upset, and I know folks in our communities will be, but we are going to continue to work. We are going to continue to find a solution. We are going to continue to work in a bipartisan way, as we have done for the past 9 months since the President ended the DACA program. I feel that we owe it to our communities, we owe it to our constituents, we owe it to each other as colleagues to allow this place to do what it should do: debate and discuss bills.

I don't have much more to offer, Madam Speaker, but, I hope that folks at home understand how important this is and that there are some of us who are going to continue to engage in this discussion.

Madam Speaker, I yield to the gentlewoman from New Mexico (Ms. MICHELLE LUJAN GRISHAM).

Ms. MICHELLE LUJAN GRISHAM of New Mexico. Madam Speaker, I thank my incredible colleague from California, Congressman AGUILAR. This is a really personal issue to so many Members not only in this Chamber, but in our neighboring Chamber, the U.S. Senate: the notion that, after more than 6 months of bipartisan, bicameral efforts, this body cannot hold an effort to have just a debate in an environment where we clearly have the will of the entire body focused on the will of our constituents in this Nation to find a permanent solution for Dreamers, who, as my colleague so artfully stated, have no other country than this one as their own and the fact that that effort will not be undertaken because the leadership of this House refuses to do its job by allowing us the opportunity to debate bills and to share ideas and to move forward on pieces of legislation that truly make a difference in the lives of our constituents and the lives of Americans in every single community.

It is days like this I really appreciate that I have colleagues who keep their

hope and their faith, and they have got my commitment to do the same.

But the nicest thing I can say is that it is really unfortunate that we find ourselves here at nearly 9:30 p.m. because we don't have the courage of Members to stay the course and do what is right, particularly now in an environment where instead of moving forward on the issues where more of us agree than not, in fact, we are seeing even more draconian, anti-American, probably, unconstitutional efforts at preventing asylum and refuge to others around the world, which is our constitutional basis in this country. And this was an opportunity to not only begin to deal with these issues, but to do what is right for these young people.

For those folks who are watching us tonight in this situation, I want to highlight who they are again.

In New Mexico, and, in fact, in my district, which is Albuquerque, New Mexico, the teacher of the year is a Dreamer. In a country where 20,000 educators are Dreamers, in a State where 5,000 young men and women are doctors, engineers, lawyers, educators, nurses, entrepreneurs, long-term care caregivers, providing the very supportive work for which this country has a serious shortage, because they are so committed to their communities and their families that they are taking on the challenges that too many of us are unwilling to do, yet this body, this Chamber refusing to allow the majority to take an action that would provide those young people with a protected, positive, productive future, the same thing that they have done for our communities, all of our communities, I find incredibly disheartening tonight.

But I, too, want to add my voice that I will continue to fight and work to find whatever pathways for a solution make the most sense in a body that makes no sense, particularly now.

I thank my colleague and my Republican colleagues who had the courage to work to force the debate when leadership refused to provide that avenue, who had the courage to force the debate when leadership did not hold their commitments to meet with members of the Congressional Hispanic Caucus, including myself, who failed to hold meetings so that we could work on ideas and strategies before getting to this point, who failed to provide any meaningful legislative idea, effort, text, any legislative solutions or strategy.

I want to thank Members like my colleague from California, and, actually, I assume that my colleague from California will yield to our colleague from Texas.

There are so many Members of this body who worked so incredibly hard to do, finally, the work that we were elected to do. I certainly want to give them my gratitude and my commitment that I will continue to do everything in my power to force this Chamber to do the job that we were all elected to do.

□ 2130

Mr. AGUILAR. Madam Speaker, I thank the gentlewoman for her comments and her time. There are few people in this Chamber who have dug in deeper than the gentlewoman from New Mexico, Chairwoman MICHELLE LUJAN GRISHAM, who actually, when the story of this discussion is told at some point in the future, it was her efforts that really highlighted and started to push us in a bipartisan way when we had conversations among Democrats and Republicans. And one of those early individuals who stood up and said, I am willing to have a real conversation with you if this can genuinely be a bipartisan effort, was the gentleman from Texas, who I have learned a lot from and gained a lot of respect for throughout this process.

Madam Speaker, I yield to the gentleman from Texas (Mr. HURD).

Mr. HURD. Madam Speaker, I thank the distinguished gentleman from California for yielding to me and for the work that we have been able to do together.

In my 3½ short years in Washington, D.C., I have learned a very simple thing: if you want to get big things done, you have to actually do it together. And the only way that this body gets things done is if we work across the aisle to get things done. I have learned that way more unites us as a country than divides us, and that it is actually possible to disagree without being disagreeable. This is something that I have learned firsthand with the distinguished gentleman from California and the distinguished gentlewoman from New Mexico.

I would say that, through this process, learning more about these young men and women, who have only known the United States of America as their home, over a million men and women who are in school, who are working hard, 5 percent of the DACA population are entrepreneurs, which is more than twice the national average, these are men and women—in Texas alone, the DACA population has a \$7 billion impact on the State's GDP. That is pretty big. These are young men and women that are already contributing to our history, our culture, our economy, and they are already Americans.

We are going to continue to work in a bipartisan way to solve the problem of DACA, and also solve the problem of border security. I have more border than any Member of Congress—820 miles. It is 2018 and we still don't have operational control of our border. But we are not going to solve this problem with a 30-foot high concrete structure that takes 4 hours to penetrate. We are going to solve it by using technology.

The technology exists today to determine the difference between a bunny rabbit and a person and be able to deploy a drone to track and actually secure our communities. We are already seeing that happen, if you haven't read a Wired article from this week talking about some entrepreneurs from the

gentleman's great State that are working on solving this problem.

I will close with this. If we are going to get anything done to solve real big problems in this country, we have to do it in a bipartisan fashion. I am proud to stand with a number of Republicans and Democrats, and I am proud to have to be one of the sponsors of the only bipartisan piece of legislation in solving border security and committing to solve the problem: a permanent legislative fix for the young men and women that are DACA recipients.

We are going to continue to do this, we are going to continue to work hard, and we are going to continue to do it in a bipartisan fashion. As always, I am looking forward to spending more time with my friends from New Mexico and California.

Mr. AGUILAR. Madam Speaker, I thank the gentleman from Texas, not only for calling our attention to the Wired article, but also for his comments about solving this problem in a bipartisan way. He has been a true friend throughout this process, and I think we have all learned a lot from each other.

One of the things that he highlighted on as well was: How do you—how do we—I will speak personally, how do I have a conversation about border security?

My district doesn't touch the border. I can have conversations with individuals. I can go and do my due diligence and talk to Border Patrol, stakeholders, and advocates in the community. But it is going to take having conversations with those Members who represent the border, those Members in Arizona, New Mexico, California, and my colleague in Texas, who has the most mileage of any Member in Congress along the southern border.

We are going to continue to have these conversations because that is the only way we learn, that is the only way we grow, and that is the only way we can chart a course forward, is to do it in a bipartisan way.

Madam Speaker, I appreciate the opportunity to address this body, and I yield back the balance of my time.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DANNY K. DAVIS of Illinois (at the request of Ms. PELOSI) for today on account of flight delay.

#### BILLS PRESENTED TO THE PRESIDENT

Karen L. Haas, Clerk of the House, reported that on June 7, 2018, she presented to the President of the United States, for his approval, the following bill:

H.R. 3249. To authorize the Project Safe Neighborhoods Grant Program, and for other purposes.

Karen L. Haas, Clerk of the House, further reported that on June 11, 2018,

she presented to the President of the United States, for his approval, the following bills:

H.R. 2772. To amend title 38, United States Code, to provide for requirements relating to the reassignment of Department of Veterans Affairs senior executive employees.

H.R. 1397. To authorize, direct, facilitate, and expedite the transfer of administrative jurisdiction of certain Federal land, and for other purposes.

H.R. 1719. To authorize the Secretary of the Interior to acquire approximately 44 acres of land in Martinez, California, for inclusion in the John Muir National Historic Site, and for other purposes.

H.R. 1900. To designate the Veterans Memorial and Museum in Columbus, Ohio, as the National Veterans Memorial and Museum, and for other purposes.

#### ADJOURNMENT

Mr. AGUILAR. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 36 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, June 13, 2018, at 10 a.m. for morning-hour debate.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

5113. A letter from the Under Secretary, Personnel and Readiness, Department of Defense, transmitting a letter authorizing eight officers to wear the insignia of the grade of brigadier general, pursuant to 10 U.S.C. 777(b)(3)(B); Public Law 104-106, Sec. 503(a)(1) (as added by Public Law 108-136, Sec. 509(a)(3)); (117 Stat. 1458); to the Committee on Armed Services.

5114. A letter from the Under Secretary, Personnel and Readiness, Department of Defense, transmitting a letter on the approved retirement of Lieutenant General John B. Cooper, United States Air Force, and his advancement to the grade of lieutenant general on the retired list, pursuant to 10 U.S.C. 1370(c)(1); Public Law 96-513, Sec. 112 (as amended by Public Law 104-106, Sec. 502(b)); (110 Stat. 293); to the Committee on Armed Services.

5115. A letter from the Chairwoman, Department of Defense and Department of Energy Nuclear Weapons Council, transmitting a letter stating that the FY 2019 President's Budget Request for the Department of Energy's National Nuclear Security Administration provides increases of 2.9 percent for NNSA and 3.5 percent for nuclear weapons activities above the FY 2018 enacted appropriation, pursuant to 10 U.S.C. 179(f)(1); Public Law 99-661, Sec. 3137(a)(1) (as amended by Public Law 112-239, Sec. 1039); (126 Stat. 1927); to the Committee on Armed Services.

5116. A letter from the Assistant Secretary for Legislation, Department of Health and Human Services, transmitting a revised report entitled, "Evaluation of the Graduate Nurse Education Demonstration Project: Report to Congress", pursuant to 42 U.S.C. 1395ww note; Public Law 111-148, Sec. 5509(c); (124 Stat. 675); to the Committee on Energy and Commerce.

5117. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Douglas,



Arizona; Second 10-Year Sulfur Dioxide Maintenance Plan [EPA-R09-OAR-2017-0537; FRL-9979-18-Region 9] received June 6, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5118. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Ohio; Regional Haze Plan and Prong 4 (Visibility) for the 2006 and 2012 PM<sub>2.5</sub>, 2010 NO<sub>2</sub>, 2010 SO<sub>2</sub>, and 2008 Ozone NAAQS [EPA-R05-OAR-2016-0759; FRL-9977-69-Region 5] received June 6, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5119. A letter from the Director, Regulator Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Acequinocyl; Pesticide Tolerances [EPA-HQ-OPP-2017-0376; FRL-9978-20] received June 6, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5120. A letter from the Director, Defense Security Cooperation Agency, transmitting Transmittal No. 02-18, pursuant to the reporting requirements of Section 62(a) of the Arms Export Control Act; to the Committee on Foreign Affairs.

5121. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting an update to the U.S. Government Diplomatic and Assistance Strategy for South Sudan, pursuant to Public Law 115-141, Sec. 7042(h)(1); to the Committee on Foreign Affairs.

5122. A letter from the Secretary, Department of Education, transmitting the Department's Semiannual Report to Congress, covering the six-month period ending March 31, 2018, pursuant to Sec. 5(b) of the Inspector General Act, as amended; to the Committee on Oversight and Government Reform.

5123. A letter from the Deputy White House Liaison, Department of Education, transmitting a notification of an action on nomination, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Government Reform.

5124. A letter from the Secretary, Department of Health and Human Services, transmitting the Department's Office of Inspector General Semiannual Report to Congress for the period ending March 31, 2018, pursuant to the Inspector General Act of 1978 (Public Law 95-452), as amended; to the Committee on Oversight and Government Reform.

5125. A letter from the Chairman of the Board, Pension Benefit Guaranty Corporation, transmitting the Corporation's Semiannual Report to the Congress by Office of Inspector General and the Corporation's Management Response for the period October 1, 2017, through March 31, 2018, pursuant to the Inspector General Act of 1978, as amended; to the Committee on Oversight and Government Reform.

5126. A letter from the Acting Chair, U.S. Equal Employment Opportunity Commission, transmitting the Commission's Office of Inspector General Semiannual Report to Congress, for the period ending March 31, 2018, pursuant to Sec. 5(b) of the Inspector General Act of 1978, as amended; to the Committee on Oversight and Government Reform.

5127. A letter from the Reg. Dev. Coordinator, Office of Regulation Policy and Management, Office of the Secretary (00REG), Department of Veterans Affairs, transmitting the Department's interim final rule — Case Management Services Grant Program (RIN: 2900-AQ15) received June 6, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Veterans' Affairs.

5128. A letter from the Director, Office of Regulation Policy and Management, Office

of the Secretary (00REG), Department of Veterans Affairs, transmitting the Department's Major interim final rule — Reimbursement for Emergency Treatment (RIN: 2900-AQ08) received June 6, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Veterans' Affairs.

5129. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — 2018 Marginal Production Rates [Notice 2018-51] received June 7, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

5130. A letter from the Chairman, International Trade Commission, transmitting the Commission's report, Trade Authorities Extension: Economic Impact of Trade Agreements Implemented under the Bipartisan Trade Act of 2015, pursuant to 19 U.S.C. 4202(c)(3)(B); Public Law 114-26, Sec. 103; (129 Stat. 333); to the Committee on Ways and Means.

5131. A letter from the Board of Trustees, Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, transmitting the 2018 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, pursuant to 42 U.S.C. 1395i(b)(2); Aug. 14, 1935, ch. 531, title XVIII, Sec. 1817(b)(2) (as amended by Pub. L. 108-173, Sec. 801(d)(1)); (117 Stat. 2359) and 42 U.S.C. 1395t(b)(2); Aug. 14, 1935, ch. 531, title XVIII, Sec. 1841(b)(2) (as amended by Pub. L. 108-173, Sec. 801(d)(2)); (117 Stat. 2166) (H. Doc. No. 115-132); to the Committee on Ways and Means and ordered to be printed.

5132. A letter from the Board of Trustees, Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds, transmitting the 2018 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and the Federal Disability Insurance Trust Funds, pursuant to 42 U.S.C. 401(c)(2); Aug. 14, 1935, ch. 531, title II, Sec. 201 (as amended by Public Law 100-647, Sec. 8005(a)); (102 Stat. 3781) (H. Doc. No. 115-133); to the Committee on Ways and Means and ordered to be printed.

5133. A letter from the Chief, Border Security Regulations Branch, U.S. Customs and Border Protection, Department of Homeland Security, transmitting the Department's Major interim final rule — Air Cargo Advance Screening (ACAS) (RIN: 1651-AB04) received June 7, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Homeland Security.

5134. A letter from the Assistant Secretary, Legislative Affairs, Department of Defense, transmitting additional legislative proposals that the Department of Defense requests be enacted during the second session of the 115th Congress; jointly to the Committees on Armed Services and Veterans' Affairs.

5135. A letter from the Regulations Coordinator, Center for Medicare and Medicaid Innovation, Department of Health and Human Services, transmitting the Department's final rule — Medicare Program; Changes to the Comprehensive Care for Joint Replacement Payment Model (CJR); Extreme and Uncontrollable Circumstances Policy for the CJR Model [CMS-5524-F2] (RIN: 0938-AT16) received June 7, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); jointly to the Committees on Energy and Commerce and Ways and Means.

## REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5797. A bill to amend title XIX of the Social Security Act to allow States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases; with an amendment (Rept. 115-723). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5795. A bill to amend the Public Health Service Act to protect the confidentiality of substance use disorder patient records; with an amendment (Rept. 115-724). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5801. A bill to amend title XIX of the Social Security Act to provide for requirements under the Medicaid program relating to the use of qualified prescription drug monitoring programs and prescribing certain controlled substances; with an amendment (Rept. 115-725). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5808. A bill to amend title XIX of the Social Security Act to require States to operate drug management programs for at-risk beneficiaries, and for other purposes (Rept. 115-726). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5810. A bill to amend title XIX of the Social Security Act to provide for an extension of the enhanced FMAP for certain Medicaid health homes for individuals with substance use disorders; with amendments (Rept. 115-727). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5799. A bill to amend title XIX of the Social Security Act to require as a condition of receipt of full Federal medical assistance percentage under Medicaid that State Medicaid plans have in place certain drug utilization review activities; with amendments (Rept. 115-728). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5796. A bill to require the Secretary of Health and Human Services to provide grants for eligible entities to provide technical assistance to outlier prescribers of opioids (Rept. 115-729, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5789. A bill to amend title XIX of the Social Security Act to provide for Medicaid coverage protections for pregnant and post-partum women while receiving inpatient treatment for a substance use disorder, and for other purposes; with amendments (Rept. 115-730). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5477. A bill to amend title XIX of the Social Security Act to provide for a demonstration project to increase substance use provider capacity under the Medicaid program; with an amendment (Rept. 115-731). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 4998. A bill to amend title XIX of the Social Security Act to ensure health insurance coverage continuity for former foster youth; with an amendment (Rept. 115-732). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 4005. A bill to amend title XIX of the Social Security Act to allow for medical assistance under Medicaid for inmates during the 30-day period preceding release from a public institution; with amendments (Rept. 115-733). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 3192. A bill to amend title XXI of the Social Security Act to ensure access to mental health services for children under the Children's Health Insurance Program, and for other purposes; with an amendment (Rept. 115-734). Referred to the Committee of the Whole House on the state of the Union.

Mr. BISHOP (UT): Committee on Natural Resources. H.R. 224. A bill to amend the Marine mammal Protection Act of 1972 to allow importation of polar bear trophies taken in sport hunts in Canada before the date the polar bear was determined to be a threatened species under the Endangered Species Act of 1973, and for other purposes (Rept. 115-735). Referred to the Committee of the Whole House on the state of the Union.

Mr. BISHOP (UT): Committee on Natural Resources. H.R. 221. A bill to reauthorize the Hydrographic Services Improvement Act of 1998, and for other purposes; with an amendment (Rept. 115-736). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5715. A bill to amend title XVIII of the Social Security Act to provide for certain program integrity transparency measures under Medicare parts C and D; with an amendment (Rept. 115-737, Pt. 1). Ordered to be printed.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 1925. A bill to amend title XIX of the Social Security Act to protect at-risk youth against termination of Medicaid eligibility while an inmate of a public institution; with an amendment (Rept. 115-738). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5798. A bill to amend title XVIII of the Social Security Act to require a review of current opioid prescriptions for chronic pain and screening for opioid use disorder to be included in the Welcome to Medicare initial preventive physical examination (Rept. 115-739, Pt. 1). Referred Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5716. A bill to amend title XVIII of the Social Security Act to require the Secretary of Health and Human Services to provide notifications under the Medicare program to outlier prescribers of opioids, (Rept. 115-740 Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5686. A bill to amend title XVIII of the Social Security Act to require prescription drug plans under Medicare program part D to include information on the adverse effects of opioid overutilization and of coverage of nonpharmacological therapies and nonopioids medications or devices used to treat pain (Rept. 115-741 Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5684. A bill to amend title XVIII of the Social Security Act to expand eligibility for medication therapy management programs established under part D of the Medicare program to include certain individuals who are at risk for prescription drug abuse (Rept. 115-742 Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5675. A bill to amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare programs to establish drug management programs for at-risk beneficiaries; with an amendment (Rept. 115-743 Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5605. A bill to amend title XVIII of the Social Security Act to provide for an opioid use disorder treatment demonstration program; with an amendment (Rept. 115-744 Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5603. A bill to amend title XVIII of the Social Security Act to provide the Secretary of Health and Human Services authority to waive certain Medicare telehealth requirements in the case of certain treatment of an opioid use disorder or co-occurring mental health disorder; with amendments (Rept. 115-745 Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 5590. A bill to require the Secretary of Health and Human Services to provide for an action plan on recommendations for changes under Medicare and Medicaid to prevent opioids addictions and enhance access to medication-assisted treatment, and for other purposes; with an amendment (Rept. 115-746, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 4841. A bill to amend title XVIII of the Social Security Act to provide for electronic prior authorization under Medicare part D for covered part D drugs, and for other purposes; with an amendment (Rept. 115-747 Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. WALDEN: Committee on Energy and Commerce. H.R. 3528. A bill to amend title XVIII of the Social Security Act to require e-prescribing for coverage under part D of the Medicare program of prescription drugs that are controlled substances; with an amendment (Rept. 115-748 Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. SHUSTER: Committee on Transportation and Infrastructure. H.R. 5294. A bill to amend title 40, United States Code, to address the impact of drug abuse on economic development in Appalachia, and for other purposes (Rept. 115-749). Referred to the Committee of the Whole House on the state of the Union.

Mr. DIAZ-BALART: Committee on Appropriations. H.R. 6072. A bill making appropriations for the Department of Transportation, and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2019, and for other purposes (Rept. 115-750). Referred to the Committee of the Whole House on the state of the Union.

Mr. BUCK: Committee on Rules. House Resolution 934. Resolution providing for consideration of the bill (H.R. 2851) to amend the Controlled Substances Act to clarify how controlled substance analogues are to be regulated, and for other purposes; providing for consideration of the bill (H.R. 5735) to amend the United States Housing Act of 1937 to establish a demonstration program to set aside section 8 housing vouchers for supportive and transitional housing for individuals recovering from opioid use disorders or other substance use disorders, and for other purposes; and providing for consideration of the bill (H.R. 5788) to provide for the processing

by U.S. Customs and Border Protection of certain international mail shipments and to require the provision of advance electronic information on international mail shipments of mail, and for other purposes (Rept. 115-751). Referred to the House Calendar.

#### DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XIII, the Committee on Oversight and Government Reform discharged from further consideration. H.R. 5788 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 3528 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 4841 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 5590 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 5603 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 5605 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 5675 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 5684 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 5686 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 5716 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 5796 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Ways and Means discharged from further consideration. H.R. 5798 referred to the Committee of the Whole House on the state of the Union.

## PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Ms. JACKSON LEE (for herself, Mr. BURGESS, and Ms. MOORE):

H.R. 6067. A bill to establish criminal penalties and civil remedies for doping fraud violations at major international competitions; to the Committee on the Judiciary.

By Mr. PEARCE (for himself and Mr. LUETKEMEYER):

H.R. 6068. A bill to update dollar amount thresholds for certain currency transaction reports and suspicious activity reports, to improve the sharing of suspicious activity reports within a financial group, and for other purposes; to the Committee on Financial Services.

By Mr. VARGAS (for himself and Mr. ROTHFUS):

H.R. 6069. A bill to require the Comptroller General of the United States to carry out a study on how virtual currencies and online marketplaces are used to buy, sell, or facilitate the financing of goods or services associated with sex trafficking or drug trafficking, and for other purposes; to the Committee on Financial Services, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CICILLINE (for himself and Mr. LOEBSACK):

H.R. 6070. A bill to amend title 18, United States Code, to prohibit former Members of Congress from engaging in lobbying contacts; to the Committee on the Judiciary.

By Ms. MATSUI:

H.R. 6071. A bill to amend the Public Health Service Act to clarify the intent of the 340B program and provide for enhanced 340B program integrity, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CRAMER:

H.R. 6073. A bill to amend the Rural Electrification Act of 1936 to provide requirements on the use of assistance for broadband deployment, and for other purposes; to the Committee on Agriculture, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. ESTY of Connecticut (for herself, Mr. MACARTHUR, and Ms. KUSTER of New Hampshire):

H.R. 6074. A bill to combat the heroin epidemic and drug sample backlogs; to the Committee on the Judiciary.

By Mr. LANGEVIN (for himself, Ms. MOORE, and Mr. DEUTCH):

H.R. 6075. A bill to ensure greater accountability by licensed firearms dealers; to the Committee on the Judiciary.

By Mr. MEADOWS (for himself, Mr. RUSSELL, Mr. ROSS, Mr. CONNOLLY, Mr. CUMMINGS, and Mr. LYNCH):

H.R. 6076. A bill to restore the financial solvency and improve the governance of the United States Postal Service in order to ensure the efficient and affordable nationwide delivery of mail, and for other purposes; to the Committee on Oversight and Government Reform, and in addition to the Committees on Energy and Commerce, and Ways

and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. REED:

H.R. 6077. A bill recognizing the National Comedy Center in Jamestown, New York; to the Committee on Natural Resources.

By Mr. VELA:

H.R. 6078. A bill to provide for the boundary of the Palo Alto Battlefield National Historic Park to be adjusted, to authorize the donation of land to the United States for addition to that historic park, and for other purposes; to the Committee on Natural Resources.

By Mr. YOHO (for himself, Mr. PETERSON, Mr. YOUNG of Iowa, Mrs. HARTZLER, Mr. KINZINGER, Mr. MARSHALL, Mr. PEARCE, Mr. WEBSTER of Florida, Mr. ESTES of Kansas, Mr. DUNN, Mr. THOMAS J. ROONEY of Florida, Mr. GIANFORTE, Mr. CRAMER, Mr. WEBER of Texas, Mr. BRADY of Texas, Mr. SMITH of Nebraska, Mr. SMITH of Missouri, Mr. KING of Iowa, Mr. GUTHRIE, Mr. ROUZER, Mr. GRIFFITH, Mr. ROGERS of Alabama, Mrs. WALORSKI, Mr. GIBBS, Mr. HIGGINS of Louisiana, Mr. HARRIS, Ms. JENKINS of Kansas, Mr. LAMALFA, Mr. ROKITA, Mr. CURTIS, Mr. FORTENBERRY, Mr. GOODLATTE, Mr. ARRINGTON, Mr. NOLAN, Mr. HUDSON, Mr. BANKS of Indiana, Mr. MEADOWS, Mr. CONAWAY, Mr. JOHNSON of Louisiana, Mr. NEWHOUSE, Mr. COMER, Mr. ABRAHAM, Mr. GROTHMAN, Mr. GOSAR, Mr. PALAZZO, and Mr. DAVIDSON):

H.R. 6079. A bill to require the Secretary of Transportation to modify provisions relating to hours of service requirements with respect to transportation of certain live animals, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mrs. WATSON COLEMAN (for herself, Ms. BASS, Mrs. BEATTY, Mr. BLUMENAUER, Ms. CLARKE of New York, Mr. CLEAVER, Ms. FUDGE, Ms. GABBARD, Mr. HASTINGS, Ms. JACKSON LEE, Ms. JAYAPAL, Mr. JEFFRIES, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. KELLY of Illinois, Mr. KHANNA, Mrs. LAWRENCE, Mr. LAWSON of Florida, Ms. LEE, Mr. LEWIS of Georgia, Mr. TED LIEU of California, Mr. MCEACHIN, Ms. MOORE, Ms. NORTON, Mr. PAYNE, Mr. POCAN, Mr. DAVID SCOTT of Georgia, Mr. SERRANO, and Mr. THOMPSON of Mississippi):

H. Res. 933. A resolution to acknowledge that the War on Drugs has been a failed policy in achieving the goal of reducing drug use, and for the House of Representatives to apologize to the individuals and communities that were victimized by this policy; to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. NORTON (for herself, Mr. RASKIN, Mr. RUPPERSBERGER, Mr. HOYER, Mr. HARRIS, Mr. CONNOLLY, Mr. DELANEY, Mr. TAYLOR, Mr. SCOTT of Virginia, Mr. MCEACHIN, Mr. BROWN of Maryland, Mr. BEYER, Mrs. COMSTOCK, and Mr. CUMMINGS):

H. Res. 935. A resolution congratulating the Washington Capitals for winning the 2018 Stanley Cup hockey championship; to the Committee on Oversight and Government Reform.

## MEMORIALS

Under clause 3 of rule XII, memorials were presented and referred as follows:

210. The SPEAKER presented a memorial of the House of Representatives of the State of Hawaii, relative to House Resolution No. 187, H.D. 1, urging the President of the United States, and the United States Congress to mitigate the disproportionate adverse effects of the Tax Cuts and Jobs Act of 2017 on Hawaii citizens by increasing federal support of Hawaii housing initiatives; to the Committee on Financial Services.

211. Also, a memorial of the General Assembly of the State of New Jersey, relative to Assembly Resolution No. 113, urging the enactment of the federal "Maternal Health Accountability Act of 2017"; to the Committee on Energy and Commerce.

212. Also, a memorial of the Legislature of the State of Alabama, relative to House Joint Resolution No. 23, requesting the Congress of the United States call a convention of the states to propose amendments to the Constitution of the United States; to the Committee on the Judiciary.

213. Also, a memorial of the Senate of the State of New Jersey, relative to Senate Resolution 17, urging Congress to enact legislation codifying the Deferred Action for Childhood Arrivals (DACA) program; to the Committee on the Judiciary.

## CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Ms. JACKSON LEE:

H.R. 6067.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. PEARCE:

H.R. 6068.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3: "The Congress shall have power . . . To regulate commerce with foreign nations, and among the several states, and with the Indian tribes."

By Mr. VARGAS:

H.R. 6069.

Congress has the power to enact this legislation pursuant to the following:

(1) To regulate commerce with foreign nations, and among the several states, and with the Indian tribes, as enumerated in Article 1, Section 8, Clause 3 of the U.S. Constitution;

(2) To coin Money, regulate the Value thereof, and of foreign Coin, and fix the Standard of Weights and Measures, as enumerated in Article 1, Section 8, Clause 5 of the U.S. Constitution; and

(3) To make all laws necessary and proper for executing powers vested by the Constitution in the Government of the United States, as enumerated in Article I, Section 8, Clause 18 of the United States Constitution.

By Mr. CICILLINE:

H.R. 6070.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the United States Constitution

By Ms. MATSUI:

H.R. 6071.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the United States Constitution



By Mr. DIAZ-BALART

H.R. 6072

The principal constitutional authority for this legislation is clause 7 of section 9 of article I of the Constitution of the United States (the appropriation power), which states: "No Money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law . . . ." In addition, clause 1 of section 8 of article I of the Constitution (the spending power) provides: "The Congress shall have the Power . . . to pay the Debts and provide for the common Defence and general Welfare of the United States . . . ." Together, these specific constitutional provisions establish the congressional power of the purse, granting Congress the authority to appropriate funds, to determine their purpose, amount, and period of availability, and to set forth terms and conditions governing their use.

By Mr. CRAMER:

H.R. 6073.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this bill rests is in clause 18 of section 8 of article I of the Constitution.

By Ms. ESTY of Connecticut:

H.R. 6074.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 18

By Mr. LANGEVIN:

H.R. 6075.

Congress has the power to enact this legislation pursuant to the following:

Article I Section 8

By Mr. MEADOWS:

H.R. 6076.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 (to establish post offices and post roads).

By Mr. REED:

H.R. 6077.

Congress has the power to enact this legislation pursuant to the following:

Commerce Clause of the United States Constitution

By Mr. VELA:

H.R. 6078.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section I, Clause 1 of the U.S. Constitution, in that the legislation concerns the exercise of legislative powers generally granted to Congress, including the exercise of those powers when delegated by Congress to the Executive.

Article I, Section 8, Clause 18 of the U.S. Constitution in that the legislation exercises legislative powers granted to Congress by that clause "to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Office thereof;" and

#### ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 113: Mr. MAST.

H.R. 140: Mr. DESJARLAIS.

H.R. 173: Mr. VELA and Ms. ADAMS.

H.R. 183: Mr. COLE.

H.R. 203: Mr. GALLEGO.

H.R. 237: Mr. TED LIEU of California and Mr. LARSEN of Washington.

H.R. 365: Mr. BISHOP of Michigan and Mr. BUCK.

H.R. 449: Mr. KILMER.

H.R. 502: Mr. RICE of South Carolina.

H.R. 564: Mr. DUNN.

H.R. 785: Ms. MCSALLY.

H.R. 911: Mrs. MURPHY of Florida.

H.R. 936: Mr. PAYNE, Mr. NORMAN, and Mr. RYAN of Ohio.

H.R. 942: Mrs. MURPHY of Florida.

H.R. 1038: Mr. ZELDIN.

H.R. 1090: Ms. CLARKE of New York.

H.R. 1102: Ms. SCHAKOWSKY.

H.R. 1134: Mr. HUFFMAN.

H.R. 1150: Mr. ALLEN.

H.R. 1171: Mr. JOHNSON of Louisiana.

H.R. 1206: Mr. POLIQUIN.

H.R. 1223: Miss RICE of New York.

H.R. 1276: Miss RICE of New York.

H.R. 1298: Mr. ENGEL, Mr. CAPUANO, Ms. ADAMS, and Mr. GRIJALVA.

H.R. 1300: Mr. BRADY of Pennsylvania.

H.R. 1318: Ms. SCHAKOWSKY.

H.R. 1379: Mr. BACON.

H.R. 1421: Mr. LARSEN of Washington, Mr. PAYNE, and Mr. BEYER.

H.R. 1444: Mr. THOMPSON of Mississippi and Ms. SEWELL of Alabama.

H.R. 1562: Ms. SCHAKOWSKY and Ms. WILSON of Florida.

H.R. 1617: Mr. PRICE of North Carolina.

H.R. 1651: Mr. POCAN, Mr. SCHIFF, Mr. MEEKS, Ms. BORDALLO, and Mr. BEYER.

H.R. 1663: Ms. PINGREE and Mr. COSTA.

H.R. 1676: Mr. THORNBERRY.

H.R. 1683: Ms. CLARK of Massachusetts.

H.R. 1734: Mr. ESPAILLAT, Mr. HASTINGS, Mr. FASO, Mr. JOYCE of Ohio, Mr. SESSIONS, and Ms. SEWELL of Alabama.

H.R. 1838: Mr. BUCHANAN.

H.R. 1872: Ms. TENNEY, Mr. ENGEL, and Ms. PINGREE.

H.R. 1876: Mr. MCKINLEY, Mr. BISHOP of Michigan, Mr. MAST, Mr. YODER, Mr. BROOKS of Alabama, Mr. PAULSEN, Mr. GIANFORTE, Mr. DUNCAN of South Carolina, and Mr. FORTENBERRY.

H.R. 1905: Mr. RYAN of Ohio.

H.R. 2043: Mr. KIHUEN.

H.R. 2092: Mr. CAPUANO.

H.R. 2095: Mr. CRIST.

H.R. 2234: Mr. HECK.

H.R. 2392: Mr. CUMMINGS.

H.R. 2418: Mr. CRIST.

H.R. 2572: Mr. AGUILAR.

H.R. 2587: Ms. ROS-LEHTINEN.

H.R. 2648: Mr. CARTER of Texas.

H.R. 2651: Mr. COFFMAN and Mrs. NAPOLITANO.

H.R. 2652: Mr. NORCROSS.

H.R. 2709: Ms. WILSON of Florida.

H.R. 2841: Mr. MEEKS.

H.R. 2913: Mr. RYAN of Ohio.

H.R. 2946: Mr. YOUNG of Iowa.

H.R. 2976: Mr. DONOVAN.

H.R. 3032: Mr. CRAMER.

H.R. 3091: Ms. CLARKE of New York, Mr. RYAN of Ohio, Mr. RUSH, and Mrs. DINGELL.

H.R. 3148: Mr. SIREN, Ms. DELAURO, and Mr. CASTRO of Texas.

H.R. 3207: Mr. HIGGINS of New York and Mr. BEN RAY LUJÁN of New Mexico.

H.R. 3238: Mr. AMODEI.

H.R. 3303: Mr. O'HALLERAN.

H.R. 3400: Mr. CURTIS.

H.R. 3409: Mr. FASO and Mr. DUNN.

H.R. 3482: Mr. UPTON.

H.R. 3645: Mr. CURTIS.

H.R. 3976: Mr. WEBSTER of Florida.

H.R. 3994: Ms. ESHOO.

H.R. 4005: Mr. MITCHELL.

H.R. 4101: Mr. MARINO.

H.R. 4164: Mr. BUCK.

H.R. 4186: Mr. HIGGINS of New York.

H.R. 4207: Mr. CARTWRIGHT.

H.R. 4229: Mr. ESTES of Kansas and Mr. FLEISCHMANN.

H.R. 4256: Mr. BISHOP of Michigan, Ms. ROSEN, Mr. POE of Texas, and Mr. THOMPSON of California.

H.R. 4275: Mr. BOST.

H.R. 4395: Mr. SESSIONS.

H.R. 4444: Mr. SERRANO.

H.R. 4473: Mr. NORMAN and Mr. POLIQUIN.

H.R. 4506: Mr. YOUNG of Alaska.

H.R. 4518: Ms. KELLY of Illinois.

H.R. 4525: Ms. HANABUSA.

H.R. 4548: Mr. JOHNSON of Georgia, Mr. CLEAVER, and Mr. VELA.

H.R. 4610: Mr. BANKS of Indiana.

H.R. 4684: Mr. DEUTCH.

H.R. 4693: Mr. BARLETTA.

H.R. 4719: Ms. BROWNLEY of California.

H.R. 4795: Mr. MEADOWS.

H.R. 4884: Mr. STIVERS.

H.R. 4940: Mr. MCGOVERN and Mr. PASCRELL.

H.R. 4953: Mr. BUCSHON, Ms. VELÁZQUEZ, Mr. HUDSON, and Ms. BORDALLO.

H.R. 4985: Mr. GRIJALVA and Mr. GIBBS.

H.R. 4998: Mr. MITCHELL.

H.R. 5002: Mr. JENKINS of West Virginia, Mr. KILMER, and Ms. MCSALLY.

H.R. 5004: Mr. MCGOVERN.

H.R. 5009: Mr. KILMER.

H.R. 5034: Mr. PETERSON and Ms. CASTOR of Florida.

H.R. 5037: Mr. FASO.

H.R. 5038: Mrs. MURPHY of Florida.

H.R. 5041: Ms. HANABUSA.

H.R. 5058: Ms. NORTON.

H.R. 5061: Mr. JONES and Mr. ROUZER.

H.R. 5102: Mr. KILMER.

H.R. 5105: Mr. BLUMENAUER.

H.R. 5124: Ms. MOORE, Mr. RODNEY DAVIS of Illinois, and Mr. MCKINLEY.

H.R. 5141: Mr. CARTER of Georgia and Mr. BACON.

H.R. 5153: Mr. COLLINS of New York, Mr. POSEY, Mr. DONOVAN, and Mr. ZELDIN.

H.R. 5160: Mr. CLEAVER.

H.R. 5176: Mr. JENKINS of West Virginia, Mr. RODNEY DAVIS of Illinois, Mr. CRAMER, Mr. HILL, and Mr. KILMER.

H.R. 5197: Mr. HILL, Mr. JENKINS of West Virginia, Mr. GOTTHEIMER, and Mr. KILMER.

H.R. 5199: Mr. HOLDING.

H.R. 5202: Ms. TENNEY.

H.R. 5223: Mrs. MURPHY of Florida.

H.R. 5226: Mrs. DAVIS of California.

H.R. 5228: Mr. MITCHELL, Mr. CONNOLLY, Mr. BOST, Mr. JENKINS of West Virginia, Mr. GOTTHEIMER, and Mr. PASCRELL.

H.R. 5244: Mr. GALLEGO.

H.R. 5248: Mr. FORTENBERRY.

H.R. 5261: Ms. MCSALLY.

H.R. 5294: Mr. JENKINS of West Virginia.

H.R. 5327: Mr. KILMER and Mr. GOTTHEIMER.

H.R. 5358: Mr. BIGGS, Mr. NORMAN, Mrs. LESKO, and Mr. GOODLATTE.

H.R. 5384: Mr. SERRANO.

H.R. 5385: Mrs. MURPHY of Florida.

H.R. 5397: Mr. YOUNG of Iowa, Mr. POLIQUIN, and Ms. LOFGREN.

H.R. 5414: Ms. TITUS, Mr. ENGEL, and Mr. RUPPERSBERGER.

H.R. 5417: Mr. YOUNG of Iowa.

H.R. 5459: Mr. ALLEN.

H.R. 5467: Mr. LOWENTHAL.

H.R. 5473: Mr. KILMER.

H.R. 5474: Mr. MOULTON.

H.R. 5476: Mr. MCGOVERN, Ms. TSONGAS, and Mr. SARBANES.

H.R. 5524: Mr. FORTENBERRY.

H.R. 5551: Mr. CAPUANO.

H.R. 5571: Ms. ESHOO.

H.R. 5587: Mr. JENKINS of West Virginia and Ms. HANABUSA.

H.R. 5588: Mr. MCGOVERN, Ms. CLARK of Massachusetts, Ms. TSONGAS, Mr. CAPUANO, Mr. LARSON of Connecticut, Ms. SPEIER, Ms. MATSUI, Mr. O'HALLERAN, Mr. KEATING, Mr. RASKIN, Mr. NEAL, Mr. BUCHANAN, Mr. PAYNE, Mr. AL GREEN of Texas, Mr. HOYER, Mr. LYNCH, Mr. NORCROSS, Mr. JONES, Mr. LANCE, Mr. PASCRELL, Mr. PALLONE, Mr. SHERMAN, Mr. MOULTON, Mr. CONAWAY, and Mrs. WATSON COLEMAN.

H.R. 5595: Mr. CRAMER, Mr. ADERHOLT, Mr. COLE, and Mr. LUCAS.

H.R. 5603: Mr. MITCHELL and Mr. BOST.  
 H.R. 5653: Mr. ROKITA and Mrs. LESKO.  
 H.R. 5665: Mr. ROSS.  
 H.R. 5671: Mrs. DAVIS of California, Mr. CRAMER, Mr. PANETTA, Mr. HECK, Mr. KHANNA, and Ms. DELAURO.  
 H.R. 5689: Mr. LAMALFA and Mr. COURTNEY.  
 H.R. 5697: Mr. ENGEL.  
 H.R. 5752: Mr. BOST, Mr. MITCHELL, and Ms. MCSALLY.  
 H.R. 5760: Ms. SINEMA, Mr. CORREA, Ms. BROWNLEY of California, and Ms. SHEA-PORTER.  
 H.R. 5795: Mr. CRIST, Mr. KIND, Ms. JENKINS of Kansas, Mr. DUNN, and Mr. KILMER.  
 H.R. 5797: Mr. HILL.  
 H.R. 5812: Mr. CONNOLLY and Mr. JENKINS of West Virginia.  
 H.R. 5823: Ms. DELBENE.  
 H.R. 5861: Mr. MARSHALL, Mrs. NOEM, Mr. LOUDERMILK, Mr. DUNN, Mr. CRAMER, Mr. MITCHELL, Mr. GIANFORTE, and Mr. ABRAHAM.  
 H.R. 5879: Mr. SEAN PATRICK MALONEY of New York, Mr. SWALWELL of California, Mr. WALZ, Mr. NORCROSS, Mr. FOSTER, Mr. SHUSTER, Mrs. DINGELL, Ms. KAPTUR, Mr. LAMALFA, Mr. RYAN of Ohio, Ms. NORTON, Ms. SINEMA, Mr. TAKANO, Mr. POCAN, Mr. JOHNSON of Georgia, Mr. GONZALEZ of Texas, Mr. MESSER, Ms. BORDALLO, Mr. CORREA, Mrs. BLACK, Ms. SPEIER, Mr. LIPINSKI, Miss GONZÁLEZ-COLÓN of Puerto Rico, Mr. GROTHMAN, Mr. AL GREEN of Texas, Mr. SUOZZI, Mr. PALLONE, Mr. PERLMUTTER, Mr. HECK, and Mr. SCOTT of Virginia.  
 H.R. 5890: Mr. JENKINS of West Virginia.  
 H.R. 5896: Mr. GONZALEZ of Texas.  
 H.R. 5904: Mr. CRAMER.  
 H.R. 5908: Mr. COOPER, Mr. RASKIN, and Mr. CUMMINGS.  
 H.R. 5912: Ms. SCHAKOWSKY.  
 H.R. 5913: Mr. KNIGHT.  
 H.R. 5928: Mr. CAPUANO and Ms. MAXINE WATERS of California.  
 H.R. 5950: Mr. AGUILAR, Mr. CORREA, and Mr. PRICE of North Carolina.  
 H.R. 5964: Mr. RODNEY DAVIS of Illinois.  
 H.R. 5965: Mr. POCAN, Ms. WASSERMAN SCHULTZ, and Mr. RYAN of Ohio.  
 H.R. 5988: Mr. LAHOOD, Mr. HUIZENGA, and Mrs. LESKO.  
 H.R. 5990: Mr. KELLY of Pennsylvania.

H.R. 5996: Mr. FRANCIS ROONEY of Florida.  
 H.R. 6018: Mr. FITZPATRICK.  
 H.R. 6032: Mr. KINZINGER, Mr. UPTON, Mr. BURGESS, Mr. LANCE, Mr. GUTHRIE, Mr. MCKINLEY, Mr. BILIRAKIS, Mr. BUCSHON, Mr. MULLIN, Mrs. MIMI WALTERS of California, Mr. COSTELLO of Pennsylvania, Mr. DUNCAN of South Carolina, Mrs. DINGELL, Mr. GENE GREEN of Texas, and Mr. BEN RAY LUJÁN of New Mexico.  
 H.R. 6033: Ms. MENG and Mr. PRICE of North Carolina.  
 H.R. 6043: Mr. ROHRBACHER and Ms. TITUS.  
 H.R. 6048: Mr. GALLEGGO, Mr. ESPAILLAT, and Ms. DELAURO.  
 H.R. 6059: Ms. TSONGAS.  
 H.J. Res. 129: Mrs. BEATTY.  
 H.J. Res. 134: Mr. FRANCIS ROONEY of Florida.  
 H. Con. Res. 20: Ms. STEFANIK.  
 H. Con. Res. 72: Mr. ROHRBACHER and Mr. COHEN.  
 H. Res. 28: Mr. MARSHALL.  
 H. Res. 189: Ms. BASS.  
 H. Res. 220: Mr. CALVERT.  
 H. Res. 274: Mr. BUTTERFIELD and Mr. BUCHANAN.  
 H. Res. 776: Ms. BORDALLO, Ms. WILSON of Florida, Mr. LYNCH, and Mr. CÁRDENAS.  
 H. Res. 825: Mr. PANETTA.  
 H. Res. 860: Mr. SOTO.  
 H. Res. 869: Ms. SÁNCHEZ, Mr. RASKIN, and Mr. KHANNA.  
 H. Res. 926: Mr. COHEN, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. MEEKS, and Mr. HILL.  
 H. Res. 927: Mr. PANETTA, Mr. SCHIFF, Mr. HECK, Mr. PETERS, Mr. LANGEVIN, Mr. POLIS, Mr. FOSTER, Mr. LEVIN, Mr. GOMEZ, Ms. ROSEN, Mr. KIHUEN, Mr. BROWN of Maryland, Mr. MCEACHIN, and Ms. KUSTER of New Hampshire.  
 H. Res. 929: Mr. SABLAN, Miss GONZÁLEZ-COLÓN of Puerto Rico, Mrs. DEMINGS, and Mr. FRANCIS ROONEY of Florida.

#### CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks,

limited tax benefits, or limited tariff benefits were submitted as follows:

#### OFFERED BY MR. HENSARLING

The provisions that warranted a referral to the Committee on Financial Services in H.R. 5735 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

The amendment to be offered by Representatives GROFFITH, or a designee, to H.R. 2851, the Stop Importation and Trafficking of Synthetic Analogues Act, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

#### PETITIONS, ETC.

Under clause 3 of rule XII, petitions and papers were laid on the clerk's desk and referred as follows:

108. The SPEAKER presented a petition of the Legislature of the Commonwealth of Puerto Rico, relative to Senate Concurrent Resolution 28, expressing the firm and unequivocal repudiation and opposition of the Legislative Assembly of Puerto Rico to HR 4202 of the United States House of Representatives that proposes the application of the "Animal Welfare Act" to United States territories and, consequently, prohibits cockfights in Puerto Rico; to the Committee on Agriculture.

109. Also, a petition of Commonwealth of Massachusetts Office of the Attorney General, relative to expressing opposition to the entirety of H.R. 5082, the Practice of Law Technical Clarification Act of 2018; to the Committee on Financial Services.

110. Also, a petition of the Senate of the State of Illinois, relative to Senate Resolution No. 1088, urging Congress to enact tax incentives that would encourage rail carriers to utilize natural gas powered locomotives and grow LNG infrastructure; to the Committee on Ways and Means.